

Merced College Transcript Request Form

Mail request to: Merced College
Attn: Student Fees: Stop 20
3600 M Street
Merced, CA 95348-2806

Or Fax with Credit Card information to: (209) 381-6566
For Questions call Admissions and Records: (209)-384-6193

NOTE: ALL OUTSTANDING FEES MUST BE RESOLVED PRIOR TO A TRANSCRIPT BEING ORDERED

Please enter your information: (Form must contain complete and correct information)

Last Name First Middle Maiden/Former (all other last names)

Address

City State Zip Current Email Address

*

Student ID # Soc .Sec. No. Birth date Daytime Telephone #

X

APPLICANT'S SIGNATURE (be sure to sign before mailing or faxing)

Date

____ Number of Transcripts Needed (First two ever are free; thereafter \$5.00 each)

☐ Regular processing requires 5 to 10 working days, from the date in which the transcript request was received

☐ ***Priority Processing Next Day Mail Requested**

(Additional \$10.00 fee) Requests received within the regular business hours of 8am-12:00pm will be available to be put in the **General Mail** by 12pm the work day following receipt of the request.

☐ ***Priority Processing Next Day Pick-up Requested**

(Additional \$10.00 fee) Requests received within the regular business hours of 8am-12:00pm will be available for **Pick-up** in the transcripts office by 12pm the work day following receipt of the request.

***Additional services request:**

☐ *** HOLD until _____ semester final grades are posted**

*** YOU CAN NOT SUBMIT HOLD FOR GRADE OR DEGREE REQUESTS PRIOR TO**

☐ *** HOLD until _____ semester degree is posted**

APRIL 1 FOR SPRING TERM / JULY 1 FOR SUMMER TERM / NOVEMBER 1 FOR FALL TERM

☐ Provide GE Reciprocity Certification (For Modesto, Columbia & San Joaquin Delta College only)

☐ Provide GE Certification (for CSU's in California only)

☐ Provide IGETC Certification (for UC's in California only)

(REQUIRES YOU TO SUBMIT OFFICIAL HS TRANSCRIPTS)

Address to ☐ Mail transcript or ☐ Email transcript to:

(Please give full address information – transcripts are mailed to the address as written)

(Emails can be only be submitted to authorized schools or employers)

For Office Use Only

No. of Previous _____
Transcripts Fee Due \$ _____
Processing Fee Due \$ _____
Prior Balance Due \$ _____
Total Due \$ _____
Date Paid _____
Receipt No. _____
Amount Paid \$ _____
Date Transcript(s) mailed _____

***PAYMENT INFORMATION:** (This faxed Information will submit to a secure fax in the Student Fees office)

For Student ID# _____

☐ VISA ☐ MasterCard

Name of Cardholder _____

CC#

CC Expiration Date

3 Digit Security Code

Cardholder's Signature (Required for processing)

Revised 06/03/14