

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)