

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
OFFICE OF ADMISSION AND REGISTRAR — TRANSCRIPTS UNIT
 500 Parnassus Avenue, Box 0244
 San Francisco CA 94143-0244
 (415) 476-4356 Fax: (415) 476-9690

TRANSCRIPT REQUEST FORM

Please select a **service**, a **processing time**, and a **delivery method**. Fees are subject to change.
 Use one form per address, or provide address labels for each mailing address.
 Transcripts will not be released until holds have been cleared.

SERVICE			
Official Transcript	Qty. _____	×	\$10
Photocopy of Official Transcript <i>available only when ordered at the same time as at least one official transcript</i>	Qty. _____	×	\$5

→

Service

PROCESSING TIME			
Standard—normally 5 business days	Qty. _____	×	\$0
Rush — by 4 PM next business day <i>rush fee is per address</i>	Qty. _____	×	\$15

→

Processing Time

DELIVERY METHOD			
Standard			
First-Class Mail or International Airmail	Qty. _____	×	\$0
Pick up at Office of Admission and Registrar	Qty. _____	×	\$0

→

Delivery Method

Expedited Delivery and Special Postal Services <i>fees are per address</i>			
FedEx Standard Overnight (48 states only — not available to AK or HI)	Qty. _____	×	\$15
FedEx — Bill to Your Account Number <i>you must provide a completed airbill</i>	Qty. _____	×	\$0
USPS Express Mail (domestic)	Qty. _____	×	\$20
USPS Global Express Mail (international)	Qty. _____	×	\$25
USPS Priority Mail	Qty. _____	×	\$7
USPS Certified Mail	Qty. _____	×	\$7
Fax — fee per fax number called Fax No. _____	Qty. _____	×	\$5

TOTAL

SELECT PAYMENT METHOD:

- Cash (payment in person only)
 Check or money order payable to UC Regents
 Visa/MasterCard (leave blank if paying in person):

Required: 3-Digit Code from Signature Block on Back of Card

Card No. _____ Exp. Date _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Social Security No. _____ Telephone _____ E-Mail _____

School or Graduate Program _____ Currently Enrolled? _____

Former Name While at UCSF (if applicable) _____ Graduation Date _____

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ ZIP _____

HOLD TRANSCRIPT FOR:

Degree Posting _____ Name Change
 Degree Type & Qtr. _____

Grades or Grade Change _____
 Course Number(s) & Quarter _____

Do Not Hold Beyond: _____

Other: _____

PLEASE SIGN AND DATE BELOW:

Signature _____ Date _____

MAIL TO:

For office use only:

Date Due: _____

Date Processed: _____