

TRANSCRIPT REQUEST

Name: _____
LAST NAME FIRST MIDDLE

Address: _____
STREET ADDRESS CITY STATE ZIP

Date of Birth: _____ Phone #: _____

SWC ID #: _____ OR Social Security#: _____

Former Name(s) Used: _____

Student Signature*: _____ Date: _____

*REQUEST WILL NOT BE PROCESSED WITHOUT A SIGNATURE

PRINT MAILING INFORMATION CLEARLY



900 Otay Lakes Road
 Chula Vista, CA 91910
 (619) 482-6550

ADMISSIONS USE ONLY	
REG \$5	PICK-UP \$8
EMR \$8	
ADM Clerk's Init.	

FISCAL USE ONLY	
AMOUNT PAID	\$
Fiscal Clerk's Init.	
Number of copies requested:	

- Has
 Petitioned: Challenge by Exam
 Academic Renewal
- Hold this
 request for: Final Grade
 Record Change