

## Former Student Transcript Request

Input quantity for each, complete form, and **Email:** [Registrar@platt.edu](mailto:Registrar@platt.edu)

___ <b>Official Transcript:</b> \$15 each	___ <b>Domestic Overnight</b> (24 hours): \$25 + Official Transcript Fee
___ <b>Unofficial Transcript:</b> (\$5 email or mail)	___ <b>International Mail Fees:</b> \$47.50 + Official Transcript Fee

Full Name: \_\_\_\_\_ S.S.N. (Last 4-digits) XXX-XX-\_\_\_\_\_

Name while attending Platt College, if different: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Graduation/Departure Date: \_\_\_\_\_ Program/Certificate \_\_\_\_\_

Address to send transcript, if different from above:

Name/Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email to send transcript (If applicable): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visa  Mastercard  American Express  Discover

Credit Card #: \_\_\_\_\_ Exp. Date (MM/YYYY): \_\_\_\_\_

Credit Card Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

I give permission for Platt College San Diego to charge my credit card.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE:

Signature of Registrar: \_\_\_\_\_ Date Requested: \_\_\_\_\_ Date Sent: \_\_\_\_\_