



Former Student Transcript Request

- 1) Complete form.
- 2) Include \$5 Transcript Fee per transcript. (Check or Credit Card)
- 3) Mail to: Platt College San Diego
Attn: Transcript Request
6250 El Cajon Blvd.
San Diego, CA 92115

Full Name: _____ S.S.N. _____

Name while attending Platt College, if different: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Other: _____

Graduation/Departure Date: _____ Program/Certificate: _____

Address to send transcript, if different from above:

Name/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Signature: _____ Date: _____

Make check payable to: **Platt College San Diego**

OR

Visa Mastercard American Express Discover

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

Billing Address (if different from above): _____

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: _____