



RUDOLF STEINER COLLEGE TRANSCRIPT REQUEST FORM

Office of the Registrar
9200 Fair Oaks Blvd.
Fair Oaks, CA 95628
916 961-8727 x104
Fax: 866-427-8373

PLEASE PRINT LEGIBLY

Name while attending Rudolf Steiner College: _____
Last First Middle

Current Name, if different: _____ Last 4 Digits of SSN: _____
Last First Middle

Period of Attendance: _____ Program(s): _____ Birthdate: _____
(mm/dd/yyyy)

Current Phone: _____ Email: _____

Current Address: _____
Street City State, Country, Zip

Student Signature: _____ Date: _____

Transcript WILL NOT be released without signature

Please complete one "Send To" space for each different address, and include a specific office or recipient for organizations.

Send To: Address # 1

Name: _____

Organization: _____

Address: _____

Official Unofficial

Number of copies to this address: ____ or Hold for Pick Up

Send To: Address # 2

Name: _____

Organization: _____

Address: _____

Official Unofficial

Number of copies to this address: ____ or Hold for Pick Up

Send To: Address # 3

Name: _____

Organization: _____

Address: _____

Official Unofficial

Number of copies to this address: ____ or Hold for Pick Up

PROCESSING TIME: Transcript requests are processed within ten (10) working days from receipt and sent via First Class Mail. Your request WILL NOT be processed if official documents are missing from your file or if there is an outstanding balance on your account

FEES: Official Transcript (each copy) \$ 10.00
Unofficial Transcript (each copy) \$ 5.00

PAYMENT METHOD:

Check Money Order Credit Card (VISA/MasterCard)
(Do not email credit card information)

Number: _____

3 digit security code _____ Exp Date: _____

Name & Billing Address if different from current address:

SPECIAL MAILING SERVICE: Expedited Domestic or International Delivery (Next Business Day Delivery - FedEx)

\$50.00 per address, to Address: #1 #2 #3

Amount Due:

Transcripts Requested:

Number of Official transcripts _____ x \$10 = _____

Number of Unofficial transcripts _____ x \$ 5 = _____

Special Mailing Service Addresses _____ x \$50 = _____

Total Amount due:

To Submit Request:

Mail: Registrar's Office, Rudolf Steiner College
9200 Fair Oaks Blvd, Fair Oaks, CA 95628

Email: anne.boyd@steinercollege.edu
(call 916-961-8727 x104 to pay with credit card)

Fax: 866-427-8373

FOR OFFICE USE ONLY: Payment received: _____ Clear w/Billing: _____ Transcript: Reviewed: _____ Sent: _____ Date: _____