

OFFICIAL TRANSCRIPT REQUEST FORM



If you attended FLC prior to Summer 2003, submit your request directly to Cosumnes River College. The FLC official transcript only shows classes taken Summer 2003 to current.

STUDENT INFORMATION (Please print clearly):

NAME: _____ OTHER NAME(S) USED _____
LAST FIRST MI

STUDENT ID# _____ BIRTHDATE _____

CURRENT ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE NUMBER (____) _____ EMAIL ADDRESS _____

DATES OF ATTENDANCE _____ TO _____ (e.g., FA, SP, or SU and Year)

MAIL TRANSCRIPTS TO (Please print clearly): # OF TRANSCRIPTS REQUESTED: _____

NAME/COLLEGE _____

DEPARTMENT _____

ADDRESS _____
STREET CITY STATE ZIP CODE

Have you previously requested 2 or more transcripts? Yes _____ No _____
 If Yes, a \$2 fee per transcript must accompany this request (the 1st two transcripts are free).
 There is an additional 24-hour rush-processing fee of \$10 per transcript, if rush processing is selected.

PROCESSING OPTIONS: (CHECK ALL THAT APPLY)

- Send transcript to the address provided above
- I will pick up my transcript at Folsom Lake College – please call me when ready.
- Send transcript after current grades are posted: Fall Spring Summer 20_____
- Send transcript after Degree/Certificate has been posted? Yes No
- Send a rush transcript (additional \$10 charge per transcript, 24 hour processing time, regular mail or pick up at FLC)

TRANSCRIPT POLICY:

- Please allow 5-7 working days for regular processing, plus mail delivery time (if applicable).
- In accordance with the Federal Educational Rights and Privacy Act of 1974, a signature is required to release any information, including official transcript.
- A separate request is required for each separate addressee.
- Transcripts are **not** issued unless all outstanding financial obligations to FLC are cleared.
- Only Folsom Lake College transcripts will be issued. Transcripts from other schools (including other Los Rios colleges) must be ordered from original sources.
- Transcripts will not be released to a 2nd party without written permission from student.

STUDENT SIGNATURE _____ DATE _____

SUBMITTING REQUESTS: **BY MAIL:** Folsom Lake College
 Transcript Request
 10 College Parkway
 Folsom, CA 95630 **BY FAX:** (916) 608-6569
 If faxing request, fax credit card authorization
 along with request (indicate amount to charge)

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FOR OFFICE USE ONLY:

NO CHARGE PAID: _____ Regular _____ Rush AMOUNT: _____ RECEIVED BY: _____ DATE: _____

VERIFIED: No holds Photo ID verified No balance due Paid BDU Hold DATE MAILED/PROCESSED: _____