



## TRANSCRIPT REQUEST FORM

Please print clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

SSN# \_\_\_\_\_ DOB \_\_\_\_\_

Dates of attendance (Term/Year) \_\_\_\_\_ How many copies you need: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Cell phone# \_\_\_\_\_ House phone# \_\_\_\_\_

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

In accordance with the Family Educational Rights and Privacy Act (FERPA), we must have signature in order to release your transcripts.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Note: IT IS THE STUDENT'S RESPONSIBILITY TO FURNISH A CORRECT AND COMPLETE ADDRESS**

*Please allow 7 – 10 business days processing time for official transcripts after receipt of this form.*

**How would you like your transcripts?**

**Email to:** \_\_\_\_\_  **Faxed to:** \_\_\_\_\_

**To be picked up by student at a later date (please allow one week for processing).**

**Mailed to:** (please provide information about recipient of the transcript)

Name of Institution \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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***If requesting by mail, online or by fax send your Transcript Request Form to:***

**Spartan College of Aeronautics and Technology**  
Attention Office of the Registrar  
4130 Mennes Ave. Bldg. 36  
Riverside, CA 92509  
Phone: 310-579-9405  
Fax: 310-642-3717  
Marco.Morales@spartan.edu

**Office Use Only:**

Processed on (date): \_\_\_\_\_

Registrar Initials: \_\_\_\_\_