

Transcript Request

İ		Student ID # or SSN		
Street Address		Birth Date		
City/State/ZIP		Message phone #		
Email		Other name used at SE	3VC	
Please allow 5 -	· 7 business days for processing mailed tran	scripts—longer during p	eak registration periods	
Was your first term at 9	SBVC prior to 1981? ☐ YES ☐ NO If yes, I	attended from	to	
Please hold this reques	st until grades from current term are posted	YES DNO		
☐ IGETC for UC ☐ IG	GETC for CSU CSU G.E. Certification (No.	rush service available - must b	e mailed directly to the institutio	n)
Please mail my tra	-		٦	
	Number	er of copies sent to this address	Transcripts	
			requested by mail must	
			be paid with check or money order.	
			Cash or credit	
			_ cards cannot be accepted.	
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[Transcrip	t Fees		
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