

SAMUEL MERRITT COLLEGE

Office of the Registrar
450 30th Street, Suite 2802
Oakland, California 94609
Telephone: 510.869.1550
Fax: 510.869.6204

Transcript Request Form

All transcripts are "official" bearing the seal of the College and an authorized signature

Transcripts will NOT be issued until all financial obligations to Samuel Merritt College are paid.

**Fees must be paid in advance – Cash or Check ONLY

- \$5.00 per copy – Normal Processing (allow 7 working days, 10 days at the end of the term)
- \$15.00 per copy – RUSH (24 hour processing)

Social Security Number or Student ID Number Date

Last name First name Middle name

Current Street Address

City, State, and Zip Code Phone # (888-555-1212)

Any other names used

Dates of Attendance: From _____ to _____

When should transcripts be processed?

() Now – normal processing (7-10 business days) _____ # copies requested **\$5.00 per copy**

() RUSH – 24 hour processing _____ # copies requested **\$15.00 per copy**

() After final grades have been posted for the: Term: _____ Year: _____

() After grade(s) have been changed for: Course(s) _____ ex. Nursg 120

() After degree has been posted

Currently enrolled? () Yes () No Program or Major: _____

Will you be picking transcript(s) up? () Yes () No

Send transcript(s) to:

Student Signature: _____

Office use:

- () Paid _____
- () Cleared with Financial Services

Date Sent: _____