

## Former Student Transcript Request

- 1) Complete form.
- 2) **Include \$15 Transcript Fee per transcript.** (Check or Credit Card)

**Mail to:** Platt College San Diego, Attn: Transcript Request  
6250 El Cajon Blvd. San Diego, CA 92115  
**OR Fax:** 619.265.8655 or **Email:** Registrar@platt.edu

**Official** (\$15 each; sealed) = \_\_\_\_ copies    **Unofficial** (Free; not sealed) = \_\_\_\_ copies

Full Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_

Name while attending Platt College, if different: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Graduation/Departure Date: \_\_\_\_\_ Program/Certificate \_\_\_\_\_

Address to send transcript, if different from above:

Name/Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to: **Platt College San Diego**

OR

Visa     Mastercard     American Express     Discover

Credit Card #: \_\_\_\_\_ Exp. Date (MM/YYYY): \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

I give permission for Platt College San Diego to charge my credit card.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE:

Signature of Registrar: \_\_\_\_\_ Date Requested: \_\_\_\_\_ Date Sent: \_\_\_\_\_