



Former Student Transcript Request

- 1) **Complete form.**
- 2) **Include \$5 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:** Kolsen@platt.edu

Official (\$5 each; sealed) = ____ copies **Unofficial** (Free; not sealed) = ____ copies

Full Name: _____ S.S.N. _____ - _____ - _____

Name while attending Platt College: _____ Grad. Yr.: _____

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

Cell #: (____) _____ Home: (____) _____

Email: _____

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: _____