



## 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:** Ravinion@platt.edu

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

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

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

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

Home Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_

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: \_\_\_\_\_