



Transcript Request

5225 Hillsdale Blvd., Sacramento, CA 95842 916.348.4689 Fax: 916.334.2315 www.tlbc.edu

Personal Information

Date of Request: _____

Last Name: _____ First Name: _____ Maiden Name: _____

Last four digits of Social Security Number: XXX-XX- ____ ____ ____ ____ Birthday: ____/____/____

Current Mailing Address: _____ City _____

State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Currently Attending: Yes No

If No, when did you last attend: Quarter _____ Year _____

Signature of Student: _____ Date: _____

If request taken per phone call, or email: Staff _____ Date: _____ Time: _____

Send First Request

Select One: Rush (5 day Processing) Normal (10-15 Business Days)

Number of Official Transcripts: _____ Number of Unofficial Transcripts _____

Pick Up: Send To:

Institution: _____

Attention: _____

Address: _____ City _____

State: _____ Zip Code: _____

Send Second Request

Select One: Rush (5 day Processing) Normal (10-15 Business Days)

Number of Official Transcripts: _____ Number of Unofficial Transcripts _____

Pick Up: Send To:

Institution: _____

Attention: _____

Address: _____ City _____

Payment Information

*The **first** transcript is free (whether it is official or unofficial). Additional transcripts are \$5.00 each!

Select One: No payment required Cash Payment Check Payment Visa/Master Card Payment

Staff Initials _____