



4330 Auburn Blvd., Sacramento, CA 95841 916.348.4689 Fax: 916.468-0866 www.EPIC.edu

Transcript Request

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: _____

Email: _____

Home Phone Number: _____ Cell Phone Number: _____

Currently Attending: ☐ Yes ☐ No If No, 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 _____

State: _____ Zip Code: _____

Payment Information

All Official Transcripts are **\$5.00** each. Select One:

☐ Cash Payment ☐ Check Payment ☐ Visa/Master Card Payment

Staff Initials _____ Date _____