



Please forward a copy of the transcript of:

**Student Name:**

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Last	First	Middle	Maiden Name (If applicable)
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**Student Address:**

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Street #	Street Name	City	State	Zip Code
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Date of Birth	Student ID	Last 4 of SS #	Graduation Date (If applicable)	Degree
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E-mail address	Daytime Phone Number	Cell Phone Number
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**No. of transcripts requested:** \_\_\_\_\_ (If more than one, please note additional addresses to be mailed on a separate sheet, otherwise they will all be mailed to the address indicated below.)

**Address where the transcript(s) is/are to be sent:**

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Name/Institution	Street #	Street Name
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City	State	Zip/Postal Code	Country
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**Note:** The Registrar's Office has the right to decline sending a transcript if the student has not met financial and/or academic standards. Please allow 7-10 business days for processing.

**Student Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

The cost of **each** transcript is \$10.00. Please mail this form to the address listed below with a check or money order. Or, you may provide your credit card information and mail, fax, or scan this form to:

**Registrar**  
**California Coast University**  
**925 N. Spurgeon Street**  
**Santa Ana, CA 92701**  
**Fax: 714-547-5777**  
**Registrar@calcoast.edu**



## Authorization Agreement for One-time Credit Card Payment for an Official Transcript

Please charge \$\_\_\_\_\_ to the credit card listed below.

Visa       Master Card       American Express       Discover/Novus

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

Student name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Card holder name (if different than student): \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_