

# Transcript Request

## Enrollment Services

phone 626.396.2314

fax 626.396.2209

www.inside.artcenter.edu

## Student Information

\_\_\_\_\_  
Last Name, First Name Student ID Major  
\_\_\_\_\_  
Birthdate Phone No. E-mail Address

## Student Status

☐ Currently Enrolled ☐ Not Enrolled/Graduated ☐ Public Programs (Art Center for Kids, Saturday High, Art Center @ Night)

## Request

Official transcripts are  
\$5.00 per copy.  
Unofficial transcripts are  
\$2.00 per copy.

A "Rush" fee of \$15.00  
applies to same day pick-  
up or for **guaranteed  
mailing** to a single mailing  
address within 24 hours.

A fee of \$25.00 applies  
to requests for **overnight  
delivery** service to a single  
mailing address.

Requests for overnight  
delivery service must be  
received by the Enrollment  
Services Office by 12 noon  
Pacific Time.

### ***Courses taken prior to 1986 may require additional processing time.***

Transcript requested: ☐ All ☐ Undergraduate ☐ Graduate ☐ Public Programs

- ☐ I am requesting \_\_\_\_\_ Copies of **OFFICIAL TRANSCRIPTS** (\$5.00 per copy)
- ☐ I am requesting \_\_\_\_\_ Copies of Unofficial Transcripts (\$2.00 per copy)
- ☐ I will pick-up the transcripts
- ☐ 24-hour rush request \$15.00 fee (mailed out next business day by United States Postal Service First Class mail)
- ☐ Standard Overnight FedEx \$25.00 fee (request MUST be received by 12:00 PM Pacific Time)
- ☐ Please mail to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Hold for current semester grades.
- ☐ Hold until completed degree is on transcript.

## Payment

- ☐ Cash
- ☐ Check / Money Order (Payable to: Art Center or ACCD)
- ☐ Credit Card

\_\_\_\_\_  
Type Credit Card # Exp. Date

\_\_\_\_\_  
3 Digit Code located on back of credit card

\_\_\_\_\_  
Billing address of credit card holder

## Signature

\_\_\_\_\_  
Student / Alumni Release (*Federal law requires the physical signature for release of information*)

\_\_\_\_\_  
Date

**Art Center College of Design**

1700 Lida Street, Post Office Box 7197, Pasadena, California 91109-7197

## For Office Use Only

Holds on Account: \_\_\_\_\_ Cash/Check: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Date Sent: \_\_\_\_\_