



RUDOLF STEINER COLLEGE TRANSCRIPT REQUEST FORM

Office of College Records
9200 Fair Oaks Blvd.
Fair Oaks, CA 95628
916 963-2700
Fax: 866-427-8373

PLEASE PRINT LEGIBLY

Name while attending Rudolf Steiner College: _____
Last First Middle

Current Name, if different: _____ Last 4 Digits of SSN: _____
Last First Middle

Period of Attendance: _____ Program(s): _____ Birthdate: _____
(mm/dd/yyyy)

Current Phone: _____ Email: _____

Current Address: _____
Street City State, Country, Zip

Student Signature: _____ Date: _____

Transcript WILL NOT be released without signature

Please complete one "Send To" space for each different address, and include a specific office or recipient for organizations.

Send To: Address # 1

Name: _____

Organization: _____

Address: _____

Official Unofficial

Number of copies to this address: ____ or Hold for Pick Up

Send To: Address # 2

Name: _____

Organization: _____

Address: _____

Official Unofficial

Number of copies to this address: ____ or Hold for Pick Up

Send To: Address # 3

Name: _____

Organization: _____

Address: _____

Official Unofficial

Number of copies to this address: ____ or Hold for Pick Up

PROCESSING TIME: Transcript requests are processed within fifteen (15) working days from receipt and sent via First Class Mail. Your request **WILL NOT** be processed if official documents are missing from your file or if there is an outstanding balance on your account.

FEES: Official Transcript (each copy) \$ 10.00
Unofficial Transcript (each copy) \$ 5.00

PAYMENT METHOD:

Check Money Order Credit Card (VISA/MasterCard)
(Do not email credit card information)

Number: _____

3 digit security code _____ Exp Date: _____

Name & Billing Address if different from current address:

SPECIAL MAILING SERVICE: Expedited Domestic or International Delivery (Next Business Day Delivery - FedEx)

\$50.00 per address, to Address: #1 #2 #3

Amount Due:

Transcripts Requested:

Number of Official transcripts _____ x \$10 = _____

Number of Unofficial transcripts _____ x \$ 5 = _____

Special Mailing Service Addresses _____ x \$50 = _____

Total Amount due:

To Submit Request:

Mail: Office of College Records, Rudolf Steiner College
9200 Fair Oaks Blvd, Fair Oaks, CA 95628

Email: rsc@steinercollege.edu
(call 916-963-1133 to pay with credit card)

Fax: 866-427-8373

FOR OFFICE USE ONLY: Payment received: ____ Clear w/Billing: ____ Transcript: Reviewed: ____ Sent: ____ Date: ____