



Transcript Request Form

To be completed by the student requesting an official AHC transcript. **Please use blue or black ink, and print clearly.**

Name: _____
Last Name First Name Middle Initial

Complete AHC Student Identification Number: H _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Other Names used: _____
Month Day Year

Approximate Dates of Attendance: _____ How many copies to be sent: _____

Email Address: _____ Phone Number: _____

Student's complete mailing address: Complete mailing address of where the transcript to be sent:

If you need copies sent to other addresses, attach an additional page with the complete mailing information, your name, SSN and signature. Please submit sufficient payment to cover all requests.

When should the transcript be mailed?

- Now – even though current semester grades are not recorded
- Regular Mail Service \$7 each—may take up to two weeks processing time. Need it quicker? Please order online.
- After grades for current semester are recorded which semester? _____
- After current semester's AA/AS or Certificate is recorded which semester? _____
may take up to three months after the semester end date.

Student's Signature (mandatory): _____

Please include payment by check, money order or credit card. If paying by credit card, please complete the following information:

I _____ (printed name of cardholder) authorize AHC to charge
\$ _____ (dollar amount) for the purpose of a transcript. (\$7 per transcript)

Complete Visa, MasterCard, Discover or American Express number: _____

Credit card expiration date: _____ CVV Code: _____

Signature of Card Holder: _____ Date: _____

Please mail your request to: Allan Hancock College
Attn: Admissions & Records/Transcript Request
800 South College Dr
Santa Maria, CA 93454-6399 **AHC does not accept faxed requests**