



COLLEGE OF SAN MATEO – TRANSCRIPT WITH ATTACHMENT REQUEST

Office of Admissions * 1700 West Hillsdale Boulevard * San Mateo, California 94402-3748 * Fax: (650) 574-6506

Submit this form **ONLY** if you need to submit an attachment with a transcript, i.e. LSAT, PharmCAS, etc.

1. Your transcript will be mailed as soon as possible, normally within 48 hours following receipt of your request. Because of budget limitations, we cannot notify students when requested transcripts have been mailed.
2. All courses completed or in progress at Cañada College, College of San Mateo, and/or Skyline College will appear on the transcript. Transcripts from other schools/college will not be forwarded.
3. The first two transcripts requested are free of charge. Thereafter, submit payment of \$5.00 for each transcript you request.
4. All obligations (library books and fines, loans, fees, P.E. equipment, etc.) must be cleared with the appropriate office before a transcript can be issued.
5. Complete this form carefully and FAX it to the College of San Mateo, (650) 574-6506 or mail to:

Office of Admissions & Records-Transcripts
 1700 West Hillsdale Boulevard
 Bldg. 10, 3rd Floor
 San Mateo, CA 94402-3748

OR scan and email as an attachment to: csmadmission@smccd.edu.

CREDIT CARD PAYMENT AUTHORIZATION FOR THE TRANSCRIPT FEE

American Express Discover Master Card VISA

Credit Card Account Number: _____ Expiration Date: _____

Print Name of Cardholder: _____

Cardholder's Signature: _____

Transcript(s) requested will be sent by U.S. Mail.

Print Name: _____
Last First Middle

Former Name: _____ Birth Date: _____

SSN/Student ID: _____ Telephone: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

NUMBER OF COPIES TO BE SENT: _____ Check here if to be sent to address above.

Send Transcript (s) to:

Check each college attended:

Cañada: From _____ to _____ College of San Mateo: From _____ to _____

Skyline: From _____ to _____

Check **ONLY one**: I **did not** enroll this term. I **did** enroll this term.

Student's Signature: _____ Date: _____

For Office Use ONLY: \$ _____ Received by: _____ Date: _____