University of California, San Diego
Office of the Registrar, Attn: Transcripts
9500 Gilman Drive # 0022
La Jolla, California 92093-0022
(858) 534-3153
(858) 534-5723 fax
http://tritonlink.ucsd.edu

REQUEST FOR ADDITIONAL TRANSCRIPT ADDRESSES

Transcript Requested
- ☐ Undergraduate Work
- ☐ Summer Session
- ☐ Graduate Work
- ☐ Medical School
- ☐ Pharmacy

_____ **Total Number of Transcripts to be sent.**

Use this form after you have completed the request for transcript of records and you are sending more than one copy.

FEES: Transcripts are $15.00 per copy. Please allow 3 business days to process mail requests.
NOTE: USPS delivery times are not included.

TO ORDER TRANSCRIPT:

MAIL:
Complete form, enclose check or money order payable to UC Regents, or credit card information and mail to:

UCSD
Registrar's Office
ATTN: Transcript Division
9500 Gilman Drive #0022
La Jolla, CA 92093-0022

IN-PERSON:
Complete form, pay fees at the Cashier's Office, 1st floor, Student Services Center, and return form to Registrar's Office, 2nd floor, Student Services Center, between 8:00 a.m. – 4:30 p.m., Monday through Friday, except Thursday, 10:00 a.m. – 4:30 p.m.

A transcript will not be issued until all outstanding financial obligations due to the University are cleared. All questions should be directed to the Student Business Services (SBS) Office (858) 822-4727.

In accordance with federal law, records cannot be released without the written consent of the student.

Today's date _____

STUDENT INFORMATION

P.I.D. (if available): _____ Birthdate: ____/_____/_____

Name: _____
Last First Middle

Student Signature: _____

PLEASE SEND TRANSCRIPTS TO THE FOLLOWING

_____ Total # of transcripts to this address

1.

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_____ Total # of transcripts to this address

2.

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_____ Total # of transcripts to this address

3.

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FOR OFFICE USE ONLY

Rec'd by _____
Amt Rec'd _____
Date Sent: _____
Sent by _____