

Transcript Request

Enrollment Services

phone 626.396.2313

fax 626.396.2209

enrollmentservices@artcenter.edu

Student Information

Last Name First Name Student ID Major

Birthdate Phone No. E-mail Address

Student Status

Currently Enrolled Graduated/Not Enrolled ArtCenter Extension - ACX (ArtCenter for Kids, Teens, or Extension)

Request

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

Courses taken prior to 1986 may require additional processing time.

Transcript requested: All Undergraduate Graduate ArtCenter Extension

I am requesting _____ Copies of **OFFICIAL TRANSCRIPTS** (\$5.00 per copy)

I am requesting _____ Copies of Unofficial Transcripts (\$2.00 per copy)

Mailing or Pick Up

I will pick up the transcripts at the Enrollment Services office.

Rush Processing with **U.S. Postal Service - 1st Class / Regular Mail** (\$15.00 fee, mailed out same day or next business day) Domestic: 3-5 days. International: 10+ days. Tracking not available.

Expedited Processing with **FedEx - Priority Delivery** (\$25.00 fee, mailed out same day if request is received by 12:00 PM Pacific Time or next business day) Domestic: 1-2 days. International: 3-5 days. Tracking information provided.

Normal Processing (mailed out in 2-3 business days) Domestic: 5-7 days. International: 12+ days. Tracking not available.

Please mail to the following address: _____

Please e-mail a PDF copy (**Unofficial Only**): _____

Hold for current semester grades.

Hold until completed degree is on transcript.

Payment

Credit Card Payment - Enter the first and last name as well as the e-mail address of the person making the payment. (The e-mail address listed below will receive an e-mail from Authorize.net to submit the credit card payment securely.)

First and Last Name E-mail Address

Check / Cashiers Check/ Money Order (Payable to: ArtCenter College of Design)

Signature

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

ArtCenter College of Design

1700 Lida Street, Pasadena, California 91103

For Office Use Only

Holds on Account: _____ Check/MO: _____ Amount Paid: _____

Number of Copies: _____ Date Sent: _____