



## Transcript Request Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip Code

Year of Entry \_\_\_\_\_ If not currently enrolled, when did you leave? \_\_\_\_\_

Should these transcripts be Official? \_\_\_\_\_ (stamp and seal) or Unofficial? \_\_\_\_\_ (printed on plain white paper)

How many official? \_\_\_\_\_ (**\$4.00 each**) Unofficial? \_\_\_\_\_ (**Free**)

To pay by credit card go to: <http://www.paloalto.edu/content/online-payments>

Signature \_\_\_\_\_

**Official** transcripts are \$4.00 per transcript, the request **must** be signed, and payment must accompany this form. Allow two weeks from the date received at PAU, for these official transcripts to reach their destination. Any questions, call 650-433-3850.

**SEND TRANSCRIPTS TO:**

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Name \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Name \_\_\_\_\_

6. Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Date Received \_\_\_\_\_

Amount Due \_\_\_\_\_

Date Sent \_\_\_\_\_

Amount Paid \_\_\_\_\_

Debit/Credit \_\_\_\_\_

Balance Due \_\_\_\_\_