This form may be filled out online and then printed.

Print Form

Westmont College Official Transcript Request

Transcripts Are Not Issued Without Financial Clearance from the Business Office

For Business Office questions, please call 877.537.7966 (Toll Free) or e-mail studentaccounts@westmont.edu

First Name:	Middle Name:	Last Name:	
Student ID # or Last 4 digits of SSN	Last Name While at Westmont (if different):	Date of Birth:	Dates (years) Attended Westmont:

Street Address:	City:	State:	Zip:
Daytime Telephone Number:	E-mail Address:		

Process my request: ☐ Now ☐ When grades are posted for current semester ☐ When my degree has been posted

☐ I have attached a document that needs to be included with my transcript.

☐ I will pick up my transcript from the Student Records Office in Kerrwood Hall (Address below not needed)

RUSH AND REGULAR REQUESTS MUST BE ON SEPARATE FORMS

A complete and accurate mailing address is REQUIRED.

One address per form

We do not Fax transcripts

Mail To _____

Address _____

_____

_____

_____

REG Qty ____ REG Amt $____

Regular Processing: $5 first copy, $2 for each additional Regular copy requested on all forms submitted at the same time. Allow 5 business days for processing.

RUSH Qty ____ RUSH Amt $____

Rush Processing: $20 total processing cost per Rush copy. Allow 2 business days for processing.

Processing Costs:

Delivery Costs: (FEDEX/UPS DO NOT SHIP TO PO BOXES)

Delivery Amt $____

Delivery Costs (per request): **U.S. Mail:** No additional cost **Overnight:** $30.00 **2-day:** $20.00

***FedEx/UPS International:** Costs vary by destination, you will be contacted via e-mail for payment authorization prior to processing your transcript request.

TOTAL Qty 0 $0

***Phone # of International Destination REQUIRED:** _____

Total Amount (If necessary, we will adjust the total amount to be consistent with all requests submitted at same time.)

Payment Methods:

May not be billed to student account. **Cash OK in person.**

VISA or MasterCardONLY

☐ **Credit Card Number:** **Expiration Date:** ***Name on Credit Card:**

☐ **Personal Check:** Please make check payable to Westmont College.

_____ Signature (required)

_____ Date

Your signature authorizes Westmont to release your transcript and charge your credit card.
If the card does not belong to the student, a separate signature from the cardholder is REQUIRED.

Mail Transcript Request (and check) to:

Westmont College
Student Records Office-Transcripts
955 La Paz Road
Santa Barbara, CA 93108-1089

E-mail Scanned Request to:

registrar@westmont.edu

For Transcript ordering instructions see: http://www.westmont.edu/_offices/registrar/transcripts.html

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