



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 _____

Processing Costs:

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.
<input type="text"/>	\$ <input type="text"/>	
RUSH Qty	RUSH Amt	Rush Processing: \$20 total processing cost per Rush copy. Allow 2 business days for processing.
<input type="text"/>	\$ <input type="text"/>	

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.
\$ <input type="text"/>	
TOTAL Qty	*Phone # of International Destination REQUIRED: <input type="text"/>
\$ <input type="text"/>	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 MasterCard ONLY	<input type="checkbox"/> Credit Card Number: _____	Expiration Date: _____	*Name on Credit Card: _____
	<input type="checkbox"/> 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