

Admissions and Records

This is a request form for Official Transcripts from Cuyamaca College. This transcript will reflect your Cuyamaca College and Grossmont College course work.

Request an Official Transcript

-		-	Student I	nformation			
Full Name:							
Last			First		M.I.		
Student ID	tudent ID or SSN: (Use only the last four digits of your SSN)		Birth Date:				
Address:		(Use only the last lour digits of	your oow				
7 144.000.		Street		City	Sta	te Zip	
Phone Nun	nber:	() -		Email:			
			Payment	Information			
Amount En	ologod:	\$		What doe	o it coot?		
Payment Method:				 What does it cost? Regular Processing (5 Business Days + Shipping Time) the first two "regular" official transcripts are free. Additional "regular" transcripts are \$3.00 each. Rush Processing (48 hours processing time; shipping time not included) "Rush" official transcripts are \$5.00 each. Transcripts are mailed through usps at the standard rate 			
Credit Card #:							
Authorizati	on/CSC	Security Code:				2 to 9 business days).	
3-digit code on back of card; AMEX cards: 4-digit code on front				Payment Options			
Expiration Date:				Your check or money order should be made out to Cuyamaca College. MasterCard, Visa, American Express and Discover credit cards may also be used.			
			Transcrin	and Disco		iy also be used.	
			Transonp	inionnation			
Send:	☐ Se	nd Now (5 business	day processing til	me)	Hold after final of (Approximately 3 we	grades are recorded for: eks after the end of the seme	: ster)
Copies: Options:	□ "Rι	ish" processing (48 ho	urs processing, 2-9 da	☐ Fall ☐ Spring Intersession ☐ Spring s shipping) ☐ Summer			
	☐ Ho	ld for pickup			Note: All transcripts released to students are		
		nd to SDSU electronic	•	:\	stamped ISSUE		
	⊔ Se	nd in separate envelop	bes (For multiple cop	ies)			
	Χ						
		SÁSignature (REQUIRED)				Date	
						The completed form should b to (619) 660-4575 or mailed to	
Mailing Address (Please Print/Type)						Cuyamaca College	
Student is r	responsible	for complete mailing add	iress			ATTN: Transcript Clerk	
						900 Rancho San Diego Parkv	way
Institution/Company/Organization/Name					El Cajon, CA 92019		
					<u> </u>	FOR OFFICE USE ONLY	
Street Addre	Street Address		Apt/Suite #		Fee Paid:		
22507.0000						BY: Date:	
City			State	Zip Code		Date Sent:	