



## TRANSCRIPT REQUEST FORM

Full name (including maiden name, if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Graduation Year or Dates of Attendance: \_\_\_\_\_

Number of Official Transcripts Requested: \_\_\_\_\_

Mailing Address for Sending Official Transcript(s) (*official transcripts cannot be emailed*):

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

Do you need an *unofficial*, digital copy of your transcript emailed to anyone? (Yes / No)

Email address for sending unofficial transcript, if requested: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After signing your request, please submit the request and a copy of valid photo ID via one of the methods below:**

1. upload a scan or picture of your signed request at [this secure upload link](#) or
2. send the original by mail to the address below.

Transcript Requests  
Thomas Aquinas College  
10000 Ojai Road  
Santa Paula, CA 93060

*To defray our processing costs, please consider [making an online donation](#) or including a check with your request. Thank you!*