



TRANSCRIPT REQUEST FORM
California Campus

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!