



TRANSCRIPT REQUEST FORM

Full name (including maiden name): _____

Phone: _____ E-mail Address: _____

Graduation Year or Dates of Attendance: _____

Number of Official Transcripts Requested: _____

Send Official Transcript(s) to Mailing Address (*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: _____

Signature: _____

Please upload this form and a copy of your valid photo ID at [this link](#), or mail to:

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

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