



T R A N S C R I P T R E Q U E S T F O R M

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Name (as it was when you attended USM): _____

Are you requesting **Official (sealed) Transcripts?** (Yes or No) _____

(Please order official and unofficial transcripts using separate forms)

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The cost for *each* transcript (official or unofficial) is \$5.00

<p><u>Please mail this completed form to:</u></p> <p>University of Santa Monica 2107 Wilshire Blvd. Santa Monica, CA 90403 Attention: Associate Registrar</p> <p>Please include a check or money order payable to:</p> <p style="text-align: center;"><i>University of Santa Monica</i></p>	<p><u>Or you may it fax to:</u></p> <p>(310) 453-5641 Attention: Associate Registrar</p> <p>All fax orders must be paid by credit card</p> <p>Type of Card: _____</p> <p>Card #: _____</p> <p>Name as it appears on Card: _____</p> <p>Expiration Date: _____</p> <p>Amount to be charged to card: _____</p>
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