



Transcript Request

(Early College Program: Da Vinci)

Office of the Registrar
400 Corporate Pointe
Culver City CA 90230-7615
(310) 578-1080 x216
Fax (310) 301-8403

Please complete the appropriate sections below. Please allow 10 business days for the processing of your request. Transcript Requests will be processed in the order they are received. Transcript Requests **cannot** be rushed. A fax transmission of a transcript is not available. We **do not** send official/unofficial Transcripts electronically.

Print student name at time of enrollment _____

Maiden or other names _____

Street Address _____

City, State, Zip _____

Date of Birth _____ SSN _____ Phone _____

Email Address _____

Dates of Attendance (very important) From _____ To _____

Student Signature (authorizing release of records) _____ Today's Date _____

First Transcript Order – Complimentary Transcript Packet

Send Transcript Only - No Evaluations \$10.00 per transcript times Number of Transcripts _____ = \$_____

Include Evaluations with Transcript \$25.00 per transcript times Number of Transcripts _____ = \$_____

Total \$_____

Attach a check or money order payable to: Antioch University. We do not accept cash.

Please Check:

Send Now (Allow 10 working days for processing)

Hold for current term assessments to come in for term: _____

Address of destination if different from above:

Office Use Only

Date Received _____ Initials _____ Date Mailed _____ Initials _____

Signature by Student Accounts Office _____ Date _____