



West Kern Community College District

Office of Academic Records
29 Emmons Park Dr.
Taft, CA 93268
Phone 661.763.7756 (Fax) 661.763.7705

Student Name _____ (Please Print)

Date: _____

TAFT COLLEGE OFFICIAL TRANSCRIPT REQUEST FORM

1. NAME (PLEASE PRINT)		
Last	First	Middle
2. CURRENT MAILING ADDRESS & PHONE NUMBER		
Number & Street		Apt. No.
City	State	Zip Code
() Area Code	Number	
3. SOCIAL SECURITY NUMBER	4. OTHER NAMES USED	
5. BIRTHDATE	6. APPROX. LAST SEMESTER ATTENDED	
7. STUDENT SIGNATURE	8. TODAY'S DATE	

9. SERVICE REQUESTED

REGULAR SERVICE:

1. Each student's very first two transcript copies are free of charge. All subsequent copies are \$4.00 each and must be paid for with cash, check, money order, or credit card **at the time of request.**
2. Students paying by credit card must call the Academic Records Office. **DO NOT** write your credit card number on this request form.
3. Students faxing requests must call the Academic Records Office to arrange for payment of fees.
4. Transcripts will be sent by U.S. mail or will be ready for pickup on the last day of each week.

RUSH SERVICE:

Rush service is available for a \$8.00 fee. Requests received by 1:00 p.m. Pacific time will be sent by U.S. mail or will be ready for pickup within 24 hours.

Include: G.E. Certification IGETC

10. FORWARD TRANSCRIPT(S) TO:

#1. _____ #2. _____

of Copies: _____

of Copies: _____

The student is responsible for the correct address, including zip code. PLEASE PRINT CLEARLY.

11. HOLD REQUEST UNTIL THE FOLLOWING:

- Send after grades are posted.
- Send after an incomplete or grade change is cleared. Which course(s)? _____
- Send after degree is posted.
- Other: _____