

STUDENTS REQUESTING SCI-ARC TRANSCRIPTS SHOULD COMPLETE THIS FORM AND RETURN IT TO THE REGISTRAR OR ACADEMIC COUNSELOR WITH THE APPROPRIATE FEE



Attn: Registrar
Southern California Institute of Architecture
960 E. Third Street
Los Angeles, CA 90013



Tel 213.613.2200 ext. 314
Fax 213.613.2260

STUDENTS MAY ALSO SEND WRITTEN, SIGNED REQUESTS VIA LETTER OR FAX

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS FORM

TRANSCRIPT COPIES ARE

\$5

(FEE IS WAIVED FOR CURRENTLY ENROLLED STUDENTS)

STUDENTS MUST INCLUDE THE FOLLOWING INFORMATION WITH THEIR REQUEST:

1. Student's full name.
2. Student ID number (if applicable).
3. Current mailing address.
4. Student's signature.
5. Complete name and address of the institution/individual where transcripts are to be sent.
6. Check/money order/Visa, MasterCard information for the appropriate amount.

IF USING A CREDIT CARD, PLEASE DO NOT SUBMIT FORM ELECTRONICALLY.

PLEASE COMPLETE: (PRINT OR TYPE)

Date _____

Have you received a SCI-Arc diploma? _____ (Check one) B.Arch _____ M.Arch _____ Year of graduation? _____

Have you attended Making + Meaning? _____ Year of attendance? _____

Please send my transcript(s): _____ Now (If currently enrolled, 'work in progress' will be omitted and final transcripts must be ordered separately).
_____ After grades for the current term have been posted.

I need _____ transcript(s)

Form of payment: ___ MC ___ Visa ___ Card# _____ Exp date _____

Student's name: _____ Telephone _____

Student's ID # (if applicable) _____

Address: _____

Mail transcripts to: _____

Student's signature _____ Date _____