

# Transcript Request Form

Stanford Continuing Studies  
Littlefield Center  
365 Lasuen Street  
Stanford, CA 94305



**Fax to:**  
(650) 725-4248

**Scan and e-mail to:**  
[continuingstudies-transcript@stanford.edu](mailto:continuingstudies-transcript@stanford.edu)

This form is for students who have registered for **non-matriculated** courses through Stanford Continuing Studies or other programs sponsored by Stanford University. The first five Continuing Studies transcripts are available free of charge; additional copies are available for a charge of \$10 per transcript. Transcript fees for other programs sponsored by Stanford University vary. Students may request either paper or electronic transcripts. All transcripts are official.

**e-Transcripts:** Students may order electronic transcripts in PDF format. Electronic transcripts are official documents and are validated via the digital signature and certification by Stanford.

**Status of Processing:** Paper transcript requests are processed and mailed within 2-3 weeks. Please allow an additional 5 business days for delivery of domestic mail and 15-20 business days for international delivery. e-Transcript requests will be processed and emailed within 2 business days.

**Student Information:**

\_\_\_\_\_ | | | | | | | | | |  
Last or Family Name First Middle Student I.D. Number (Leave blank if unknown)

\_\_\_\_\_  
Name(s) under which you enrolled at Stanford

\_\_\_\_\_  
Last course/program and year attended

\_\_\_\_\_  
Birthdate (required)

**Contact Information (required):**

( ) \_\_\_\_\_  
Phone Number Email Address

**Special Processing:** (No seals, signature, or other markings are necessary on the transcript envelope)

Attach third-party form for: \_\_\_\_\_  Other \_\_\_\_\_

**Address(es):** If you have more than 3 mail recipients or 2 e-mail recipients, fill out additional forms.

1. Mail \_\_\_\_\_ copy or copies to:

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\_\_\_\_\_  
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\_\_\_\_\_  
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3. Mail \_\_\_\_\_ copy or copies to:

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2. Mail \_\_\_\_\_ copy or copies to:

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**For e-Transcripts only:**

Send Certified PDF transcript(s) to:

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature: Federal law (FERPA) requires your signature to process any release of records. Forms without a signature will not be processed.**

Student Signature

Date

Date form processed: \_\_\_\_\_