



SOCAL NETWORK SCHOOL OF MINISTRY REQUEST FOR OFFICIAL TRANSCRIPT(S)

17951 Cowan, Irvine, CA 92614

PH: (949) 252-8400 | FAX: (949) 252-8435

Email: schoolofministry@socalnetwork.org

TRANSCRIPT REQUEST FORM INSTRUCTIONS

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING. **FORM IS ON PAGE 2.**

- PROCESSING:** Please note that due to the volume of transcript requests that we receive, and our dedication to the timely processing of those requests, our typical processing time is 1-5 business days.
- FEE:**
- The fee for an Official Transcript is waived if you are requesting a transcript for credentialing purposes.
 - \$5 per copy –Course Grades Report (Unofficial copy)
 - \$15 per copy – Official Transcript
- HOLDS:** Your account must be cleared of all holds before a transcript can be issued. For information on clearing billing holds, please contact our office at (949)-252-8400 or via email at schoolofministry@socalnetwork.org.
- ELECTRONIC:** Electronic PDF's of the SoCal School of Ministry transcripts are available to send. Electronic PDF's are also acceptable by the SoCal Network's credentialing department.
- UNOFFICIAL:** We do not produce unofficial transcripts. You may request a copy of your Course Grades Report by contacting our office at (949)-252-8400 or via email at schoolofministry@socalnetwork.org.

Failure to complete any of the fields below may delay or prevent your request from being processed:

- Current full name and former name, if applicable
- Signature (typing your name in the signature field does NOT qualify as a signature)
- Date of birth
- Billing address
- Daytime phone number
- Complete address to which your transcript(s) will be mailed.

SUBMISSION INSTRUCTIONS

Transcript request forms can be submitted in any of the following ways:

- In Person:** 17951 Cowan, Irvine, CA 92614
- By Mail:** SoCal Network C/O School of Ministry
17951 Cowan, Irvine, CA 92614
- By E-mail:** English: schoolofministry@socalnetwork.org
Spanish: escuela@socalnetwork.org
- By Fax:** 949-252-8435, Attention: School of Ministry



**SOCAL NETWORK SCHOOL OF MINISTRY
REQUEST FOR OFFICIAL TRANSCRIPT(S)**

17951 Cowan, Irvine, CA 92614
PH: (949) 252-8400 | FAX: (949) 252-8435
Email: schoolofministry@socalnetwork.org

STUDENT INFORMATION – ALL FIELDS ARE REQUIRED

Current Full Name

Former Name (If applicable)

Current Residing Address (Include city, state, zip code)

Date of Birth

Approximate Dates of Attendance

Daytime Phone Number

Email address

PROCESSING INFORMATION

Option #1:

- Please send to the SoCal Network Credentialing Department, ATTN: Sharon DuMiller
- FEE: WAIVED**

Option #2:

- I am requesting a Course Grades Report. I understand that this is not an official copy of my transcript.
- FEE: \$5 per copy**

Option #3:

- College/University/Business (Please include individual, institution, agency, or business name)
- FEE: \$15 per copy**

No. of Copies: _____

- Via Email
- Via Mail

To: _____

- I acknowledge that a confidential document will be delivered to this address

No. of Copies: _____

- Via Email
- Via Mail

To: _____

- I acknowledge that a confidential document will be delivered to this address

SIGNATURE AND DATE

SIGNATURE

DATE

If your request is being emailed, this form must be printed and signed by hand.

OFFICE USE ONLY

Total Amount Paid: _____ Online _____ Date Processed: _____ Date Sent: _____