How to Request a Transcript:

- No transcript, grade report or other evidence of enrollment will be created for any student who fails to satisfy any condition of enrollment. This includes, but is not limited to, any student who fails to provide to the Records Office all required transcripts from other educational institutions within the required time period.

- The normal processing time for a Transcript Request is 10 days.

- Requests for transcripts must be made in writing and must contain the signature of the student/graduate.

- If the student/graduate has an outstanding financial obligation, a transcript cannot be released until such obligation is resolved.

- We cannot copy other college/university records.

- Transcripts will be sent first class mail through the U.S. Postal Service to the address indicated on the Transcript Request Form.

- Transcripts cannot be emailed or faxed to any recipient.

- The first two transcripts requested are free. A $10.00 fee is required for all subsequent requests.

- There is no charge for transcripts sent to state agencies including the California Committee of Bar Examiners.

- Questions? Call or email: (714) 850-4800/ Croswell@taftu.edu
The Taft University System – Request for Transcript

Please send completed form to:
The Taft University System, Attn: The Records Office
3700 South Susan Street, Office 200, Santa Ana, CA 92704 or Fax to (714) 708-2082
You may also scan and E-mail the signed form to Croswell@TaftU.edu

PLEASE PRINT LEGIBLY AND INCLUDE ALL INFORMATION INCLUDING ZIP CODE

Last First M.I. Student ID Number or SSN

Name at time of enrollment - List all names under which your records might appear, if different. Birthdate (mm/dd/yyyy)

Street Address Telephone Number

City State Country Postal Code

Are you currently enrolled at Taft? □ Yes □ No I attend(ed): □ William Howard Taft University □ Taft Law School

If not, last date of enrollment (approx.) Program: □ Law □ Business □ Education

Please indicate how/when you want the transcript sent: Please specify the type of transcript you are requesting:

□ Send now □ Official Transcript

□ Hold for current grades □ Student Copy

□ Hold until degree is posted on record Number of transcripts requested? __________

Where and to whom will the transcript(s) be mailed:

Name or School

Street Address

City State Country Postal Code

Credit Card Authorization: Please charge my credit card $10/copy:

□ VISA □ MasterCard □ American Express □ Discover 3 Digit Code: _______________________

Credit Card #: ____________________________ Exp. Date: __________

Name on Card: ____________________________ Authorized Signature: ____________________________

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, the student/graduate’s signature is required for release of transcripts to third parties.

Signature of Student/Graduate
(Your request cannot be processed without a signature)