Request for Transcripts

16560 Harbor Blvd
Fountain Valley
CA, 92708
714.418.9100
Fax 714.242-1483

Official / unofficial transcript(s)
(Circle one)

Number of copies: _____
(First copy is free, $10.00 fee after first copy)

❑**Student Request**
❑**Pick Up**
❑**Mail to Residence**
❑**Mail to:** _____

_____

Requested copies from file:_____
($5.00 charge, 1-20 pages)

Student Name: _____
First **Middle** **Last**

Home Address:

_____
Street **City** **State** **Zip**

Phone: (____) _____- _____ **DOB:** ___/___/____ **Birthplace:** _____

Name(s) registered under: _____

Social Security _____- _____- _____ **I was a student from:** _____ to_____
Month/Year

_____ _____
Student's Signature **Date**

Please Note: There is $10.00 fee for Transcripts (only the first copy is free)

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