



Request for Transcripts

16560 Harbor Blvd, Ste K
Fountain Valley, CA. 92708
714.418.9100
714.418.9109

PLEASE ALLOW 30 DAYS FOR PROCESSING & MAILING

First copy is free; any additional copies are \$10.00 per transcript request and must be pre-paid.

Official Number of copies: _____

Unofficial transcripts Number of copies: _____

Pick Up

Mail Transcripts to:

Name of Individual or Institution:

Address City State Zip

Please also include students name & address when attending school:

Students Name: Last First Middle

Address City State Zip

Social Security Number: _____ - _____ - _____ DOB: _____ - _____ - _____

Dates Attended: _____ to _____
mm/yyyy mm/yyyy

Day time phone: (____) _____ - _____

Student's Signature

Date

You may also request copies of your file: (1-20 pages \$10.00; \$1.00 per additional page)

Requested copies from file: _____