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

Students name & address:

_____
Students Name: Last First Middle

_____
Address City State Zip

Social Security Number: _____-_____-_____ DOB: _____-_____-_____
(last 4 digits)

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:_____