# Request for Transcripts

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

**PLEASE ALLOW 30 DAYS FOR PROCESSING & MAILING**

**The first copy of the transcript is free; $10.00 for each additional pre-paid copy.**

❑ Official transcripts Number of copies: _____

❑ Unofficial transcripts Number of copies: _____

## Student Information:

Name: Last First Middle

Address: City State Zip

Day time phone: (____) _____- _____ DOB: _____/_____/_____

Last four of Social Security Number: xxx-xx-_____

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

❑ Pick Up
❑ Email to: _____
❑ Mail Transcripts to me at above address.
❑ Mail Transcripts to an Institution:

Name of Intuition:

Address of Institution: Address City Zip

Signature of Student Date

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

Requested items from file:_____