

TRANSCRIPT/RECORDS REQUEST FORM

Wilshire Records Office: 315 E. Wilshire Ave., Building 300, Fullerton, CA 92832 • Phone (714) 992-9525 • Fax (714) 992-9599

STUDENT INFORMATION - PLEASE PRINT CLEARLY *(providing the information below is important to ensure accurate transcripts)*

| | | |
|----------------------------|-------------------------------|----------------------------|
| Student (Banner) ID Number | Social Security Number | Date of Birth (mm/dd/yyyy) |
| Name (Last, First, Middle) | | E-mail address |
| Current Street Address | | Apt/Unit Number |
| City | State | ZIP |
| Phone () | Former/Previous Name(s) Used: | |

REQUEST TYPE / PROGRAM INFORMATION

REQUEST TYPE Transcripts Duplicate Program Certificate Duplicate High School Diploma

Certificates of individual course completion are no longer issued. Please request transcripts to show completion of individual courses.

| <u>Program</u> | <u>Date Completed</u> | <u>Program</u> | <u>Date Completed</u> |
|--|-----------------------|--|-----------------------|
| <input type="checkbox"/> Administrative Assistant | _____ | <input type="checkbox"/> Management | _____ |
| <input type="checkbox"/> Early Childhood Education | _____ | <input type="checkbox"/> Medical Assistant | _____ |
| <input type="checkbox"/> ESL | _____ | <input type="checkbox"/> Pharmacy Technician | _____ |
| <input type="checkbox"/> High School Diploma | _____ | <input type="checkbox"/> Other _____ | _____ |

NOTES: _____

Currently enrolled? No, please process Yes, but please process anyway Yes, hold for grades (Approx. 6 - 8 week delay after last day of term)

PLEASE SEND A COPY OF MY TRANSCRIPT TO:

Mail to address above

Mail to: Name/Institution (use a separate request for multiple addresses)

If a third party address is provided, your signature below indicates consent to release records

Street Address _____

City _____ State _____ ZIP _____

Call when ready for pick up at the Wilshire Records Office at number above or phone () _____

PAYMENT INFORMATION

| | | | |
|---|--|---|----------|
| The first two (2) copies ever requested are FREE and each additional copy is \$5.00 <i>(plus rush processing fees, if applicable).</i> | # of copies _____ | Amount \$5.00 <small>(if you've already received 2 free)</small> | Subtotal |
| Processing Time: | <input type="checkbox"/> Normal (Allow 10 working days for processing) | No fee for normal processing | |
| | <input type="checkbox"/> Rush (Allow 2 working days for processing) | RUSH \$10.00 | |
| Total Due: | | | \$ _____ |

STUDENT SIGNATURE REQUIRED FOR RELEASE OF RECORDS

Student Signature _____ **Date** _____

OFFICE USE ONLY

Received by: _____ Processed by: _____

ID verified: _____ Mailed: _____ Called for pick up: _____

Payment: N/A Cash Check # _____ Credit Card Unable to process: _____