

# 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 *\*\$5.00 fee*    Duplicate High School Diploma *\*\$5.00 fee*

*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:

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

Name/Institution (use a separate request for multiple addresses)			
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) transcripts and/or enrollment verifications ever requested are FREE and each additional copy is \$5.00. Duplicate program certificates and/or diplomas are \$5.00 regardless of number of previous copies requested.  <b>Allow 10 working days for processing</b>	<b># of copies</b>	<b>Amount</b>	<b>Subtotal</b>
	Transcript: _____	\$ _____	
	*Diploma: _____	\$ _____	
	*Certificate: _____	\$ _____	
<b>Total</b>			\$ _____

## STUDENT SIGNATURE REQUIRED FOR RELEASE OF RECORDS

<b>Student Signature</b>	<b>Date</b>
_____	_____

**OFFICE USE ONLY**

Received by: \_\_\_\_\_                      Processed by: \_\_\_\_\_

ID verified: \_\_\_\_\_                      Mailed: \_\_\_\_\_    Called for pick up: \_\_\_\_\_

Payment:  N/A    Cash    Check # \_\_\_\_\_    Credit Card