

# 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 <small>(providing the information below is important to ensure accurate transcripts)</small>			
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			
<b>REQUEST TYPE</b> <input type="checkbox"/> Transcripts <input type="checkbox"/> Duplicate Program Certificate <span style="margin-left: 20px;">\$5.00 fee</span> <input type="checkbox"/> Duplicate High School Diploma <span style="margin-left: 20px;">\$5.00 fee</span> <small><b>**Certificates of individual course completion are no longer issued. Please request transcripts to show completion of individual courses.**</b></small>			
<b>Program Completed</b>	<b>Date Completed</b>	<b>Program</b>	<b>Date</b>
<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 _____	
<b>NOTES:</b> _____			
<b>Currently enrolled?</b> <input type="checkbox"/> No, please process <input type="checkbox"/> Yes, but please process anyway <input type="checkbox"/> Yes, hold for grades <span style="float: right; font-size: small;">(Approx. 6 - 8 week delay after last day of term)</span>			
PLEASE SEND A COPY OF MY TRANSCRIPT TO:			
<input type="checkbox"/> Mail to address above			
<input type="checkbox"/> 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
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.		# of copies    x    Amount Due    \$	Subtotal
<b>Processing Time:</b> Allow 10 working days for processing			+
<b>Total Due:</b>			\$
STUDENT SIGNATURE REQUIRED FOR RELEASE OF RECORDS			
Student Signature		Date	
_____		_____	
OFFICE USE ONLY			
Received by: _____		Processed by: _____	
ID verified: _____		Mailed: _____	
Payment: <input type="checkbox"/> N/A <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card		Unable to process: _____	