



5451 Lemon Hill Avenue, Sacramento, CA 95824 (916)433-2600

ACADEMIC TRANSCRIPT/DUPLICATE CERTIFICATE REQUEST

Transcript fees are \$20.00 per copy. Request must be formal, in writing, with all information completed including student's signature and date. Payment by guaranteed funds ONLY (cash, cashier's check, money order, etc.) collected at time of request. Allow 10-15 working days for processing (done in the order received).

PLEASE PRINT CLEARLY:

Student Name: _____
(Last) (First) (Middle Initial)

Other Name(s) Used: _____

Social Security #: _____ Birth Date: _____

CDC Number (if Applicable): _____ Phone #: _____

Address: _____
(Street)

(City) (State) (ZIP)

Program Enrolled: _____ Completed? Yes / No

Dates of Attendance: _____ to _____

Reason for Transcript Request (Check One): Employment Financial Aid University
 VN Program Other: _____

Transcript to be: Picked up Mailed to (Fill in information below):

(Name)

(Address)

(City) (State) (ZIP)

Student Signature: _____ Date: _____

OFFICE USE ONLY

Payment:
Date: _____ Receipt #: _____ Amount: _____

Transcript:
Issue Date: _____ Mailed / Picked-up: _____
(Student Signature) (Date)