



Records Office • 315 E. Wilshire, Fullerton, CA 92832 • (714) 992-9500

REQUEST FOR SIGNED AFFIDAVIT FORM Pharmacy Technician Certificate Program

Please submit this form AND your NOCE Application for Career Certificate to the Wilshire CEC Records Office. The signed Affidavit will be mailed to you along with your Career Certificate to the address provided below.

Please print:

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Social Security Number – Providing your social security number allows us to process your application more efficiently. It also allows the State to continue funding quality learning opportunities for you and the community. All student records, including personal and demographic information, are maintained in accordance with the provisions of the Family Rights and Privacy Act of 1974. Student records are not released to outside parties without separate written consent of the student.

_____	_____	_____	_____
Last	First	Middle	Student ID #
_____			_____
Address			Date of Birth
_____		_____	_____
City		Zip	Phone #
_____			_____
Signature Authorizes Release of Records			Date