NOCE
NORTH ORANGE
CONTINUING EDUCATION

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.

Program Completed	Date Completed	Program	Date
☐ Administrative Assistant	_____	☐ Management	_____
☐ Early Childhood Education	_____	☐ Medical Assistant	_____
☐ ESL	_____	☐ Pharmacy Technician	_____
☐ High School Diploma	_____	☐ 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

PAYMENT INFORMATION

	# of copies	Amount Due	Subtotal
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.	x	$	
Processing Time: **Allow 10 working days for processing**			+
		Total Due:	$

STUDENT SIGNATURE REQUIRED FOR RELEASE OF RECORDS

Student Signature _____ **Date** _____

OFFICE USE ONLY

Received by: _____ Processed by: _____

ID verified: _____ Mailed: _____

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

Distribution: Original – Records Pink – Accounting Office Yellow – Student Copy rev. 4/3/20 (SC)