

TRANSCRIPT REQUEST

Fullerton College • Admissions & Records • 321 East Chapman Ave., Fullerton, CA 92832-2095 • (714) 992-7075

1. NAME – PLEASE PRINT

Last First Middle

2. OTHER NAMES USED 3. STUDENT ID# (if known)

4. BIRTHDATE

Mo Day Year

5. SOCIAL SECURITY

6. E-MAIL ADDRESS

7. PHONE

() Area Code

8. 1ST YR ATTENDED (approx)

Semester Year

9. CURRENT ADDRESS

Number and Street Apt. No.

City State Zip Code

10. TODAY'S DATE 11. # OF COPIES

12. MAIL TRANSCRIPT TO:

Name/School

Address

13. TRANSCRIPT PROCESSING (Mark only one)

- REGULAR (Processing time: 7-10 working days **plus** mailing)
(First 2 copies are free, **\$3 per copy** thereafter)
- HAND CARRY- **\$10 extra** for special handling **plus** transcript fees
IN PERSON REQUESTS ONLY.
- RUSH MAIL- **\$10 extra** for special handling **plus** transcript fees
(Processing time: 1-3 working days **plus** mailing)
- GENERAL EDUCATION CERTIFICATION (**Fill Out #14**)

14. GENERAL EDUCATION CERTIFICATION

*** (Fill out this section **ONLY** if applicable) ***

- **No Rush service** - Processing time: 7-10 working days **plus** mailing.
- **Cannot** be mailed to students.
- This service is available only when certification and a transcript are being sent to a **participating** university (**transcript fee applies**).

- CSU - General Education Certification
 IGETC - Intersegmental General Education Transfer Curriculum

• Are **high school credits, SAT scores, or foreign transcripts** being used to fulfill the IGETC foreign language requirements? If **YES**, please circle **one** that applies above. *

• Are **Advance Placement (AP) scores** being used to fulfill the CSU/IGETC Requirements? YES NO (**CIRCLE ONE**) *

***List other colleges/universities attended, **IF** using to fulfill CSU/IGETC Certification: _____

***Please Note: OFFICIAL TRANSCRIPTS, AP & SAT SCORES MUST BE ON FILE AT THE TIME OF REQUEST TO BE INCLUDED W/ CERTIFICATION.**

15. STUDENT'S SIGNATURE (Signature authorizes release of record)

X _____

** Transcript Requests **WILL NOT** be held for **ANY** changes**
(See Website for college/office policy)

OFFICE USE ONLY

___ FICHE ___ HC ___ BANNER ___ HOLD

Attachments: Y N IGETC: ___ Full ___ Partial

DATE: _____ BY: _____

ID: _____ PAID: _____

Comments: _____

STUDENT IS **RESPONSIBLE** FOR COMPLETE NAME AND MAILING ADDRESS.
INCOMPLETE FORMS **WILL NOT** BE PROCESSED. DO NOT ABBREVIATE SCHOOL NAMES.
*** PRINT LEGIBLY FOR USE IN WINDOW ENVELOPE. (**USE ONE FORM PER ADDRESS**) ***

FILL OUT MAILING LABEL:

Transcript **will not** be sent if number 16 below is not filled out.

16. MAILING LABEL (List same address as #12)

Name or School _____

Address _____
