

TRANSCRIPT REQUEST

Fullerton College • Admissions & Records • 321 East Chapman Ave., Fullerton, CA 92832-2095 • (714) 905-5162

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: (Please print legibly)

Name/School

Address

13. TRANSCRIPT PROCESSING (Mark only one)

- REGULAR (Processing time: 10-15 working days + mailing time)
(First 2 ever requested are free, \$3 per copy thereafter)
- HAND CARRY * - \$10 extra for special handling + transcript fees
* IN PERSON REQUESTS ONLY. (Process time: 3-5 working days)
- RUSH MAIL- \$10 extra for special handling + transcript fees
(Processing time: 3-5 working days + mailing time)
- GENERAL EDUCATION CERTIFICATION (Fill Out #14)

14. GENERAL EDUCATION CERTIFICATION

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

- No Rush service - Processing time: 10-15 working days + mailing time.
- 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. **

* List high school: _____

- 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)

— ALL PROCESSING TIMES ARE SUBJECT TO CHANGE
WITHOUT NOTICE TO STUDENTS —

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 below:

List same address as in #12.

16. MAILING LABEL: (Please print legibly)

Name or School _____

Address _____