

TRANSCRIPTS AND EDUCATION VERIFICATION REQUEST FORM
SIMI INSTITUTE FOR CAREERS & EDUCATION

(Formerly Simi Valley Adult School and Career Institute)

1880 Blackstock Avenue

Simi Valley, CA 93065

(805)579-6200

TRANSCRIPTS available for:

LVN

Respiratory Therapist

Surgical Tech.

X-Ray

EDUCATION VERIFICATION LETTERS for:

CNA

ECG

EMT

HHA

Medical Asst

Medical Ins. Billing

Medical Terminology

Pharmacy Tech.

Phlebotomy

Physical Therapy Aide

CURRENT NAME: _____

CURRENT ADDRESS: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

NAME(S) WHILE ATTENDING: _____

MY SOCIAL SECURITY # IS: _____

MY DATE OF BIRTH: _____

MEDICAL PROGRAM(S) ATTENDED _____

SEMESTER AND YEAR ATTENDED _____

Please send _____ copy/copies of my official transcript OR education verification letter (if transcript is unavailable) to the following address:

Fee for transcript or letter is \$5.00 for first copy and \$3.00 for each additional copy. Payable in **cash or money order - no personal checks accepted.**

Request will not be processed until the fee is paid and processing may take up to 10 business days.

STUDENT/GRADUATE SIGNATURE

Date

FOR OFFICE USE ONLY

Date Request Filled