OXNARD ADULT SCHOOL

REQUEST FOR TRANSCRIPT

☐ HSD ☐ LVN/CNA ☐ Medical Assistant or Other _____

In order to be of service to you in processing your transcript quickly and accurately, please complete all the following information clearly. Processing may take up to ten days. Email form to Registrar at: **connie.trujillo@oxnardunion.org**

YOU MUST PRESENT A VALID PHOTO ID AT THE TIME OF SUBMITTING YOUR REQUEST

PERSONAL INFORMATION

Name _____
last first middle maiden

Social Security #: _____ Birthdate: _____ Phone #: _____

Last day attended school: _____ Date of HIGH SCHOOL graduation _____

TRANSCRIPT DELIVERY

Please check ONE of the following options for delivering your transcripts:

Pick up: ☐ I will pick up ☐ Someone will pick up for me Number of copies): _____

NAME OF DESIGNATED PERSON (photo ID will be required) _____

Mail: ☐ Mail the official copy (copies) of my transcript to: (***ATTACH COPY OF PHOTO ID TO THIS REQUEST***)

_____

_____

_____

Signature: _____ Date: _____

CREDIT PAYMENT FOR DUPLICATE CERTIFICATE (CTE CLASSES ONLY)

☐ Visa ☐ Master Card Credit Card #: | | | | | | | | | | | | | | | | |

Expiration date: Month | | Year | | V-Code | | |

Name as it appears on card: _____

Mailing address: _____

Amount: $10.00 (per certificate) Number of Certificates: _____ Signature: _____

FOR OFFICE USE ONLY

Order received by: _____ Date sent or picked up: _____

Pick up signature: _____

Payment: $ _____ Receipt: _____ ☐ Cash ☐ Credit ☐ Check # _____ ☐ Money order # _____