CHARLES A. JONES CAREER & EDUCATION CENTER

5451 Lemon Hill Avenue, Sacramento, CA 95824 (916) 395-5800

Fax: (916) 433-2640 I Email: MARIANA-CORONEL@SCUSD.EDU

☐ **CAJ – CTE OFFICIAL TRANSCRIPT ($20.00)**

☐ **Additional Official Transcript ($5.00 each)**

☐ **CAJ – AFFIDAVIT OF COMPLETED COURSEWORK or GRADUATION FOR PHARMACY TECHNICIAN ($20.00)**

☐ **CAJ – CERTIFIED NURSE ASSISTANT (CNA) INITIAL APPLICATION (283 B FORM) ($20.00)**

☐ **CAJ – RECORD OF NURSING PROGRAM (RONP) ($20.00)**

☐ **CAJ – ACADEMIC TRANSCRIPT ($20.00)**

- **High School Diploma**

☐ **FREMONT - ACADEMIC TRANSCRIPT (no fee)**

- **High School Diploma** *(Fremont only)*

ALL requests must be formal, in writing, with **all** information completed including student's signature and date. Payment by guaranteed funds ONLY (cash, cashier's check, money order, etc. - **no personal checks**) collected at time of request. DO NOT MAIL CASH. **Allow 10-15 working days for processing (done in the order received)**.
PLEASE PRINT CLEARLY AND ATTACH A GOVERNMENT ISSUED PICTURE ID.

Have you requested a transcript in the past? ☐ Yes / ☐ No

Student ID#: _____ Birth Date: _____

Student Name: _____
(Last) (First) (Middle Initial)

Other Name(s) Used During Attendance: _____ ☐ Yes / ☐ No

Phone #: _____ Last 4 SSN#: _____

Address: _____
(Street)

_____
(City) (State) (ZIP)

E-mail Address: _____

Program: _____ Completed? ☐ Yes / ☐ No

Dates of Attendance: _____ to _____

Reason for Transcript: _____

Transcript to be: ☐ Pick up ☐ Email ☐ Mail to:

_____
(Name) OR (Email)

_____
(Address)

_____
(City) (State) (ZIP)

IMPORTANT NOTICE: No transcript(s) will be issued if a balance exists on the student's account. .

Student Signature: _____ Date: _____

OFFICE USE ONLY

Payment: Date: _____ Receipt #: _____ Amount: _____

Transcript: Issue Date: _____ ☐ Mailed / ☐ Picked-up: _____
(Student Signature) (Date)