



# MEDICAL ALLIED



Career Center, Inc.  
12631 E. Imperial Hwy. Bldg. D-Ste. 108

Santa Fe Springs, CA 90670

Phone: (562) 807-2420\*Fax: (562) 807-2421

## OFFICIAL TRANSCRIPT REQUEST FORM

### Student Information (PLEASE PRINT)

<b>Student Last Name</b>		<b>Social Security</b>					
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Student First Name</b>	<b>Middle Name</b>	<b>E-Mail Address</b>					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
<b>Date of Birth (MM/DD/YYYY)</b>		<b>Phone Number</b>		<b>State</b>		<b>Zip Code</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b>		<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>Program</b>							
<input type="text"/>							

Please mail/fax or drop off in person the Transcript Request Form. Before the transcript can be issued, please make sure that you have settled all financial obligations to the school. **\*PLEASE ALLOW 7 BUSINESS DAYS FOR REQUEST TO BE PROCESSED\***

Costs of Official (\$10.00 fee/copy; \$20.00 rushed);  
any additional copies will cost \$5 each copy.

If Official Transcript will be mailed out, additional fee of \$1.00 is charged.

Number of additional Copies:

Date of Request:

Date Transcripts will be Available :

Total Charge: \_\_\_\_\_

Payment Method:

- Cash (in person)  
 Check/Money Order (mail or in person)  
 Credit Card \*

\*Please call the Accounting Dept for credit card payment.

Name of person requesting Official Transcripts

Signature of person requesting Official Transcripts

PURSUANT TO THE FAMILY AND EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 THIS INFORMATION CANNOT BE RELEASED TO ANY OTHER PARTY WITHOUT CONSENT TO THE STUDENT. IF ANY OTHER PARTY IS REQUESTING OFFICIAL TRANSCRIPTS; STUDENT WRITTEN CONSENT FORM MUST BE ATTACHED AND SIGNED BY THE STUDENT FOR WHOM TRANSCRIPTS ARE BEING REQUESTED.

Date Official Transcript was received:

Name of person receiving Official Transcripts

Signature of person receiving Official Transcripts

### OFFICE USE ONLY

Student ID No. \_\_\_\_\_ Batch Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

Graduate:

YES-Date: \_\_\_\_\_ DROP- Date: \_\_\_\_\_ ACTIVE- Estimated Date of Graduation: \_\_\_\_\_

Accounting Dept. Clearance : Yes  No  Accounting Dept. Signature : \_\_\_\_\_

Date Official Transcript was completed: \_\_\_\_\_ Employee/Registrar Signature \_\_\_\_\_