



REQUEST FOR TRANSCRIPT

OXNARD ADULT SCHOOL

HSD GED Other _____

SCHOOL FAX# (805) 385-2581 or

Email to Registrar at: susana.rivera@oxnardunion.org

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.

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 _____	Year passed GED: _____	_____
<p>GED transcripts are available only for tests passed PRIOR TO JULY 1, 1990. For tests passed after July 1, 1990, requests for records must be made directly to www.ged.com ONLY if test passed was GED. If a student passed HiSET, he/she must request transcript at www.parchment.com</p>			

TRANSCRIPT DELIVERY	
Please check ONE of the following options for delivering your transcripts:	
Pick up: <input type="checkbox"/> I will pick up	<input type="checkbox"/> Someone will pick up for me
Number of copies): _____	
NAME OF DESIGNATED PERSON (photo ID will be required) _____	
Mail: <input type="checkbox"/> 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)	
<input type="checkbox"/> Visa	<input type="checkbox"/> 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: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money order # _____

