



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: susana.rivera@oxnardunion.org

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

PERSONAL INFORMATION			
Name	_____	_____	_____
	last	first	middle
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:	<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 #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Expiration date: Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> V-Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 # _____