

URGENT



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ADULT HIGH SCHOOL DIPLOMA PROGRAM
1100 North Grand Avenue
Building 30, Room 115
Walnut, CA 91789
909-274-4937
***909-468-3934 FAX**

REQUEST FOR OFFICIAL TRANSCRIPT

RE: [Redacted] (PRINT) Last Name [Redacted] First Name [Redacted] M.I. [Redacted] Maiden Name
[Redacted] Date of Birth [Redacted] Social Security Number

The above named student is currently enrolled in the Adult High School Diploma Program at the Adult Basic Education Center, Mt. San Antonio College. **Please fax a copy and mail the official transcript** and/or school records so that we may assist the student in earning a high school diploma. **Please include the CAHSEE Parent/Student summary report.**

The student's signature below is authorization for the release of the transcripts/records.

[Redacted Signature] Student Signature 8/29/11 Date of Request

**Student: Please complete the following for ALL schools you attended.*

Include <u>ALL</u> high schools attended (most recent first)	City	Enter Date / Exit Date (Year Only)
Rim High School	Lake Arrowhead	Aug 2007 / Sept 2010
		/
		/
		/
		/

List any additional schools on reverse.

California Code of Regulations Section 3024 (A) Transfer of Records. Upon receipt of a request from an educational agency where an individual with exceptional needs has enrolled a former educational agency shall send the pupil's special education records, or a copy thereof, within five working days.

Please return this form with the transcript. Thank you.

DATE FAX DATE Log:
 2nd 3rd 4th Notice