

REQUEST FOR OFFICIAL TRANSCRIPT

(PRINT or TYPE)

Name: _____
 First Middle Last

Name while attending school, if different from above:

First

Middle

Last

Years attended this institution: _____

Graduation Date: _____

Student ID or Social Security Number:

ID Number: _____

Social Security Number: _____

Current Address: _____
 Street Apt. #

City

State

Zip Code

Phone Number: _____
 Home Cell

Email Address: _____

Signature: _____ Date: _____

_____ I will personally pick up my official transcript.

_____ Please mail my official transcript to:

**Randall University at El Camino Metro
P.O. Box 150
San Fernando, CA 91341**