



5451 Lemon Hill Avenue, Sacramento, CA 95824 (916)433-2600

Fax (916)433-2640



- ☐ **CAJ - OFFICIAL TRANSCRIPT (\$20.00)**
- ☐ **Additional Official Transcript (\$5.00 each)**
- ☐ **Pharmacy Recertification Documentation (\$250)**
- ☐ **CAJ - GED TRANSCRIPT prior to 1990 (no fee)**
(Records for all tests taken **1990 and later** must go to www.gedtestingservice.com)
- ☐ **FREMONT - ACADEMIC TRANSCRIPT (no fee)**
- ☐ **High School Diploma** (Fremont only)
- ☐ **GED** (taken prior to 1990)

ALL requests must be formal, in writing, with **all** information completed including student's signature and date. Payment by guaranteed funds ONLY (cash, cashier's check, money order, etc. - **no personal checks**) collected at time of request. DO NOT MAIL CASH. Allow 10-15 working days for processing (done in the order received).

PRINT CLEARLY, unreadable requests cannot be processed.

Student ID# _____ Birth Date: _____

Student Name: _____
(Last) (First) (Middle Initial)

Other Name(s) Used: _____

Phone #: _____ Last 4 SSN#: _____

Address: _____
(Street)

_____ (City) (State) (ZIP)

E-mail Address: _____

Program: _____ Completed? ☐ Yes / ☐ No

Dates of Attendance: _____ to _____

Reason for Transcript: _____

Transcript to be: ☐ Picked up / ☐ Mailed to: _____
(Name)

_____ (Address)

_____ (City) (State) (ZIP)

Student Signature: _____ Date: _____

OFFICE USE ONLY

Payment:

Date: _____ Receipt #: _____ Amount: _____

Transcript:

Issue Date: _____ ☐ Mailed / ☐ Picked up: _____
(Student Signature) (Date)