

Transcript Request Form



Adult Basic Education Center
 Adult High School Diploma Program
 1100 N. Grand Ave. Bldg. 30-115
 Walnut, CA 91789
 (909) 274-4937
 FAX (909) 274-2934
 abeinfo@mtsac.edu

IDENTIFICATION:

LAST/FIRST/MIDDLE INITIAL		MT. SAC ID#
FORMER LAST NAME	SS#	BIRTH DATE
YOUR CURRENT ADDRESS		
CITY	STATE	ZIP
E-MAIL ADDRESS		PHONE #
LAST YEAR ATTENDED	Did you graduate from the AHSD Program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Accepted By: Office Use Only
SPECIAL INSTRUCTIONS: (Examples: signature or stamp on envelope, individually packaged transcripts, or forms to be completed.)		

MAILING ADDRESS(ES):

1. Send ____ # of transcripts to:	2. Send ____ # of transcripts to:
Number of transcripts to be picked-up : _____	

SIGNATURE	DATE
	/ /
Federal Law (per FERPA) requires your signature for the release of records. Forms without a signature will not be processed.	

FOR OFFICE USE ONLY	
Processed By:	Date Mailed/Processed:
Picked Up By:	Date Picked Up:

**** Please allow seven to ten (7-10) business days to process requests.**