

URGENT



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ADULT HIGH SCHOOL DIPLOMA PROGRAM

1100 North Grand Avenue
Building 30, Room 115
Walnut, CA 91789
909-274-4937
***909-274-2934 FAX**
abeinfo@mtsac.edu

REQUEST FOR OFFICIAL TRANSCRIPT

RE: _____
(PRINT) Last Name First Name M.I. Maiden Name

Date of Birth

_____-_____-_____
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.

If available, please include the CAHSEE Parent/Student summary report.

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

Student Signature

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)
		/
		/
		/
		/
		/

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.

2nd 3rd 4th Notice

Include <u>ALL</u> high schools attended (most recent first)	City	Enter Date / Exit Date (Year Only)
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