

East San Gabriel Valley ROP/TC – College Division

TRANSCRIPT REQUEST FORM

If you wish to have a sealed transcript of the coursework you completed at the East San Gabriel Valley Regional Occupational Program and Technical Center, please complete this form and mail, hand deliver or fax to:

ESGVROP/TC
Attn: Kim Case
1501 W. Del Norte St.
West Covina, CA 91790
626-472-5103•FAX 626-472-5125

There will be a \$5.00 charge for each official transcript and a \$2.00 charge for each unofficial transcript.

ALL FIELDS REQUIRED

of Official Transcripts _____
of Unofficial Transcripts _____

Name: _____

Address: _____

City, State, ZIP Code: _____

Phone No.: _____

Social Security Number: _____

Birth Date: _____ Birthplace: _____
City State Country

Course(s) taken: _____

Date entered: _____

High School Attended: _____ Graduation Date: _____

Mail to: _____

Signature Date

Method of Payment (NO CHECKS ACCEPTED)

- Money Order
- Cash
- Credit Card (VISA/MC)

Total Amount Charged \$ _____

Credit Card Information

(Last Name) (First Name) (MI)

(Billing Address) (City) (ZIP code)

(Credit Card Number) (Expiration Date) (Confirm No.)

(Signature) (Date)

Please allow seven (7) working days for the processing of official or unofficial transcripts.