

**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: Dr. Roberta Floyd  
1501 W. Del Norte St.  
West Covina, CA 91790  
626-472-5195•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**

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.***