

STUDENT RECORD REQUEST FORM

Complete form and bring to Sunset Campus Office, fax to (760) 631-6380, or mail to 510 Sunset Drive Vista, CA 92081. There is a \$5.00 processing fee, per official transcript/certificate requested, due at time of processing. No fee for unofficial transcripts, attendance verification or enrollment letters. Requests take up to 3-5 business days to process. We will call you when your document has been processed; you must have valid picture ID to pick up documents.

Last Name:	First Name:	M.I
Former name(s) used:		
Date of Birth:///	Student ID (if available)	:
Phone Number: ()	Email:	
Last Date Attended or Graduation/Comple	tion Date:	
Date of Request:	Type of docu	ment(s) you are requesting:
() CTE Certificate - competencies cannot be replicated (only replaced within two-years of program completion)		
Please indicate course name or p	oathway:	
() Official Transcript – please indicate program area: [high school diploma OR [CTE		
() GED Test Results (Prior to 1999 only	у)	
() Unofficial Transcript - please indica	te program area: 📃 hig	h school diploma OR 📃 CTE
() Attendance Verification (attendance printout only), start date: end date:		
() Enrollment Verification Letter, reason for letter and list any specific items to be included in letter:		
() Agency Form to be completed (attac		
() Will pick up at Sunset Campu		
Name/Institution: Address:		
		Zip Code:
Payment Form: () Cash, walk-in	only () Money Or	der payable to "VAS"() Credit Card
(Visa, MC) Fax/mail only: We will Signature (required to process request):		info when ready to process request.
Document Processed: Mail Date:	Stude	nt Pick Up Initial & Date: