



# CALIFORNIA PREPARATORY COLLEGE

## REQUEST FOR TRANSCRIPTS

Office of Records, Registration & Evaluations 1250 E. Cooley Drive, Colton, CA 92324

Ph 909-370-4800 WEBSITE: [www.calprepcollege.com](http://www.calprepcollege.com) Email complete and signed request to: [records@calprepcollege.com](mailto:records@calprepcollege.com)

### TRANSCRIPT FEE CALCULATION

FEES: Payable to California Preparatory College by **Zelle or cash only**. FREE (1<sup>st</sup> Copy) REGULAR \$2.00 (each) RUSH \$8.00  
Circle the correct fee above and remit payment. Fee paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Received by: \_\_\_\_\_

### FINANCIAL CLEARANCE VERIFICATION

Is the student financially cleared? YES (If yes, please fill out below) NO (If no, only unofficial transcript is given)

Paid on: \_\_\_\_\_ Received by: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

### PLEASE PRINT CLEARLY

\*Student ID # \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

\*Full Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other name(s) used while in attendance: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTE:** Is this a different address than what CPC has on record (circle)? Yes No

If yes, do we have your permission to update our records (circle)? Yes NO (if left blank, address will be automatically updated)

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Text when sent? Yes No

E-mail when sent? Yes No

\*Social Security Number: ☐ I do not have a social security number. ☐ I have a social security number. The last 4 digits are: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

☐ WILL PICK UP or mail to my address \_\_\_\_\_ (#) **UNOFFICIAL TRANSCRIPTS** – will state “student copy” (Transcripts not picked up **within 30 days** will be destroyed!)

☐ PLEASE MAIL \_\_\_\_\_ (#) **OFFICIAL TRANSCRIPTS** (Official transcripts will only be mailed to 3<sup>rd</sup> parties: ie. schools or places of potential employment).

☐ PLEASE WAIT until semester grades are submitted.

Please allow 2-4 weeks to receive transcripts by mail, especially those going out of the country. Transcripts not received by the four week period must be reported to us within 30 days or a new request and fee will be required to reprocess.

**SEND TRANSCRIPTS TO:** (Transcripts will be addressed **exactly** as written below.) (If more than 2 addresses: you may write on the back of this form.)

1. \*Name of Institution: \_\_\_\_\_ Attention: (person or department) \_\_\_\_\_  
Address and Suite #: \_\_\_\_\_ City, State, Zip Code, Country: \_\_\_\_\_

2. Name of Institution: \_\_\_\_\_ Attention: (person or department) \_\_\_\_\_  
Address and Suite #: \_\_\_\_\_ City, State, Zip Code, Country: \_\_\_\_\_

**Students, please submit form to Student Financial Services (SFS) for Financial Clearance FIRST. SFS will process and submit to the Records Department.**

### PLEASE READ CAREFULLY THE CONDITIONS AND RESTRICTIONS:

NO ONE can request or pick up your transcripts for you without a valid picture I.D. and written approval from you! If a departmental HOLD has been placed on your student records, the request and fee will not be processed and will be returned to you by mail. Once the HOLD has been removed, a new transcript request form and fee must be resubmitted. It is your responsibility to provide the correct and complete address of the persons, institutions or organizations receiving transcripts. Transcripts mailed with incorrect or incomplete addresses will require a new request form and fee to process. Problems with transcripts (i.e. Missing grades, term or degree) must be reported to us within 60 days of the date mailed from our office. It is your responsibility to check on the completion of grade changes, grade discounts, name changes, etc. with the Records Office before filling a transcript request.

\*By initialing here, I am verifying that I have read and understand the above conditions and restrictions: \_\_\_\_\_ Date: \_\_\_\_\_

\* **WHERE STARRED: TRANSCRIPT WILL NOT BE PROCESSED IF LEFT BLANK**

### RECORDS OFFICE USE ONLY

☐ Unofficial Transcripts picked up by: \_\_\_\_\_ Signature: \_\_\_\_\_ ID Number: \_\_\_\_\_

Date of Pick Up: \_\_\_\_\_ Printed Name and Signature of employee verifying ID: \_\_\_\_\_

☐ Official Transcript mailed: Date mailed: \_\_\_\_\_ Initials: \_\_\_\_\_