



Student Transcript Request Form

Name _____ SSN _____
Last First Initial

Address _____
Street City State Zip

Telephone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Date entered Program (Associate) _____ (Bachelor) _____ (Master) _____

Graduation Date _____ School Attended: **Advantage College**

Requesting a total of _____ Transcript/s @ \$20.00 each Total Amount \$ _____

Send Official Transcripts to:

School _____ Attn: _____

Address _____
Street City State Zip

Student Signature Required

Date

Return completed form with check/money order payable to:

Advantage College

Attn: Office of the Registrar

P.O. Box 579934

Modesto, CA 95357

Allow 4 - 6 weeks processing