Transcript Request

City/State/Zip:

Personal transcripts are issued only to the student, student's parent, or to the student's representative with a written release and the student's signature. When picking up transcripts in person, representatives must present a valid photo (D.

Student Information (please print clearly):			Wildomar, CA 92595 Tel (951) 674-9381
			Fax (951) 674-8462
Last Name	First Name	MI	Fees:
			Payable in advance to CCS
			First 5 requests: Free 6 th request and up: \$5 each
Birth Date	Dates Attended	CCS	e tednest and nb: >> eacu
			Processing Time:
Phone #	Email Ac	ldress	7-10 business days
· Potte a	HART CONTIC P ZON	· · · · · · · · · · · · · · · · · · ·	Policies:
			Transcripts are not processed if any
Address - Number/Street/Apt. #			financial obligations are owed to the
			school. Transcripts include all work at
			Cornerstone Christian School.
City/ State/ Zip Code			 Transcripts from other institutions are
ي		<i>2</i>	included unless a student enrolls as a
*			senior.
		•	
Student Signature		Date	# of Official Transcripts Requested:
			Hold for pick up Mail to college(s)
			, , , , , , , , , , , , , , , , , , ,
# # x			
Send transcript to: Please provide a complete addre.	ss. Additional space on the back		
Institution/			FOR OFFICE USE ONLY
Name:			-
ATTN/Office:			ID check Fees paid:
ATTRYOMCE.			-
Address:			Received by:
	•		
City/State/Zip:			Date completed:
,		· · · · · · · · · · · · · · · · · · ·	
Institution/			Transcript Check Off
Name:			
			Date rec'd: Date needed:
ATTN/Office:	•		Deb's copy Copy in book
Address:			Deb 3 dopy
			Date maîled/pîcked up

34570 Monte Vista Street