

HIGH SCHOOL / GED TRANSCRIPT REQUEST

LIST THE NAME OF THE LAST HIGH SCHOOL IN WHICH YOU GRADUATED OR TOOK GED:

Name of High School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone Number (if known): () _____ ext. _____

Attention: HIGH SCHOOL RECORDS OFFICE: Please send my high school transcript to InterCoast Colleges/InterCoast Career Institute at the address below (faxed copies are acceptable):

- 3745 W. Chapman Avenue, 1st Floor, **Orange**, CA 92868
Phone: (714) 712-7900 Fax: (714) 937-1983
- 175 East Olive Avenue, Third Floor, **Burbank**, CA 91502
Phone: (818) 526-1680 Fax: (818) 526-1690
- 1989 Atlanta Avenue, **Riverside**, CA 92507
Phone: (951) 779-1300 Fax: (951) 788-7844
- 1400 West Covina Parkway, 2nd Floor, **West Covina**, CA 91790
Phone: (626) 337-6800 Fax: (626) 337-6861
- 1 Civic Plaza, Suite 110, **Carson**, CA 90745
Phone: (310) 847-8400 Fax: (310) 847-7577
- 6524 44th Street, Suite 208, **Sacramento**, CA 95823
Phone: (916) 427-7700 Fax: (916) 427-7755
- 1200 Melody Lane, Suite 100, **Roseville**, CA 95678
Phone: (916) 786-6300 Fax: (916) 786-6438
- 207 Gannett Drive, Suite 1, **S. Portland**, ME 04106
Phone: (207) 822-9802 Fax: (207) 822-9801

Name while in attendance: _____

Social Security Number: _____ Birth Date: _____

Dates Attended: _____ to _____ Graduation Date: _____

I hereby authorize my high school to send a copy of my transcript to the College listed above. I understand InterCoast Colleges/InterCoast Career Institute will charge me a \$10.00 processing/handling fee for obtaining the high school transcript, verification of completion of high school or equivalent.

(check one): ___ I have provided evidence ___ Request Transcript ___ Certification Accepted

CERTIFICATION:

I, _____, certify that I have graduated and received a High School Diploma, GED, or equivalent.

Student Signature: _____ Date: _____

Date mailed: _____ Fee Submitted: _____ Sent by: _____