SAN DIEGO COLLEGE OF CONTINUING EDUCATION

REQUEST FOR PREVIOUS ACADEMIC TRANSCRIPTS

SECTION A – STUDENT INFORMATION	
NAME: (Last, First, Middle Initial)	Last 4 of SSN: XXX – XX – _____
Other Names Used:	Date of Birth:
Home Address: (Street, apartment number, city, state, zip code)	Telephone:
	Email address:

SECTION B – STUDENT CERTIFICATION

I, (Student's Name) _____, give consent to the following institution to release my official high school transcript to San Diego College of Continuing Education (SDCCE).

Name of Institution: _____

Address (Street, City, State, Zip Code): _____

Telephone: _____ **Fax:** _____

Email: _____ **Dates of Attendance (Approx):** _____

Student Signature: _____ Date: _____

Sign in Ink or use verified e-signature

SECTION C – PLEASE PROVIDE THE ABOVE STUDENT'S OFFICIAL HIGH SCHOOL TRANSCRIPT TO SDCCE

SDCCE's preferred transcript receipt method is via email. SDCCE will accept emailed transcripts as official, a seal is not required, as long as the transcript is signed by a school official and emailed directly from the institution. Emailed transcripts should be sent to CCEEvaluations@sdccd.edu.

If official transcripts cannot be sent via email, SDCCE will accept transcripts via fax. Faxed transcripts are accepted as official, a seal is not required, as long as the transcript is signed by a school official and accompanied by the sending institution's cover sheet. Fax official transcripts to the attention of Evaluator at 619-388-4975

If official transcripts cannot be emailed or faxed, please mail official, signed transcripts to:

San Diego College of Continuing Education
ATTN: Evaluator
4343 Ocean View Blvd., Room C120
San Diego, CA 92113

If you are unable to provide or locate the student's high school transcript, please email this request with a brief note to CCEEvaluations@sdccd.edu.

Notes: _____