

# Transcript Request Form



Adult Basic Education Center  
 Adult High School Diploma Program  
 1100 N. Grand Ave. Bldg. 30-115  
 Walnut, CA 91789  
 (909) 274-4937  
 FAX (909) 274-2934  
 abeinfo@mtsac.edu

**IDENTIFICATION:**

LAST/FIRST/MIDDLE INITIAL		MT. SAC ID#
FORMER LAST NAME	SS#	BIRTH DATE
YOUR CURRENT ADDRESS		
CITY	STATE	ZIP
E-MAIL ADDRESS		PHONE #
LAST YEAR ATTENDED	Did you graduate from the AHSD Program? Yes                      No	<b>Accepted By: Office Use Only</b>
SPECIAL INSTRUCTIONS: (Examples: signature or stamp on envelope, individually packaged transcripts, or forms to be completed.)		

**MAILING ADDRESS(ES):**

1. Send ____ # of transcripts to:	2. Send ____ # of transcripts to:
Number of transcripts to be <b>picked-up</b> : _____	

<b>SIGNATURE</b>	<b>DATE</b>
/ /	
Federal Law (per FERPA) requires your signature for the release of records. Forms without a signature will not be processed.	

FOR OFFICE USE ONLY	
Processed By:	Date Mailed/Processed:
Picked Up By:	Date Picked Up:

**\*\* Please allow seven to ten (7-10) business days to process requests.**