

Transcript/Enrollment Verification Request Form

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Please Note: Transcripts will be released through the mail upon receiving written authorization signed by the student and accompanied by a \$5.00 fee for each official transcript requested. This authorization may be submitted in person, fax, mail, or **email at Transcripts@AmericanCareerCollege.edu**. Transcript requests are processed within 3 to 5 business days.

Student Information:

Name: _____ ACC ID #: _____

Campus (Choose One): Orange County Long Beach Los Angeles Lynwood Ontario

Program: _____ Years of Attendance: _____

Student Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is this new or updated contact information? Yes No

Document Type: What type of transcript do you require? (Please check all that apply):

Unofficial Transcript Official Transcript Duplicate Diploma Enrollment Verification

Attendance Records Class Schedule Physical Exam/Immunization Paperwork

How would you like to receive? (Official transcripts cannot be faxed or emailed.)

Pick Up at Campus Mail Fax Email Number of Copies: _____

Delivery Information:

Will documents be delivered to an Institution or Student? Institution Student

Attn: _____

Student or Institution Mailing Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Special Notes for Transcripts: _____

Student Signature: _____ Date: _____

For Official Use Only:

Transcript Fee Paid? Yes No Fee Received by (please print): _____ Date: _____

Registrar's Office Signature: _____ Process Date: _____