

# Circle of Independent Learning (COIL)

## Request for Official Transcript

### Office Use Only:

Date Transcript Sent: \_\_\_\_\_

Hand Delivered/Pick-Up: \_\_\_\_\_

Recorder's Initials: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

ID # of Current Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Address: (**required only if transcripts are to be mailed to you**) \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Check which apply: (Allow 5 working days for processing)

- Send transcript on file with envelope provided to the address below
- SENIORS ONLY: Send transcript AFTER graduation: JUNE \_\_\_\_\_(year)
- I will pick up my transcript(s) on \_\_\_\_\_(date).
- Mail my transcript(s) to me at the above address. (Addressed envelope must accompany request-see below)
- Mail transcript(s) to the following (Addressed envelope must accompany request-see below)

Number of Transcripts	Name	Address	City, State Zip

Circle of Independent Learning 4700 Calaveras Ave. Fremont, CA 94538	Stamp  College Name or Your Name Address City, State Zip
--	--

**Note: Please provide a # 10 (9.5 X 4") envelope for each official transcript. For each mailed transcript, envelope must be STAMPED AND ADDRESSED**

### Fees for Transcripts:

- CURRENT STUDENTS: First Official Transcript is FREE; thereafter \$3.00, if no envelope provided it's \$5.00
- FORMER STUDENTS: \$5.00 for each Transcript.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date