

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