

## Diploma/Transcript Request Form

Please mail/fax/email or drop form off in person to any Advanced College location. Please email to <a href="https://kito@advancedcollege.edu">kito@advancedcollege.edu</a>.

Student .	mormation:				
First Nan	me:	Last Name:			
Other nar	mes used while in program:				
Street Ad	ddress:	City:	State:	Zip Code:	
Email Ad	ddress:		Phone #:		
Program	ns Information:				
Program(	(s) Attended:		Dates of Attendance:		
Campus	s(es) Attended:				
	South Gate (Main Campus) – 13180 Parame Stockton (Branch Campus) – 8338 N. West Salida (Branch Campus) – 5258 Pirrone Ct.	t Lane, Stockton, CA. 95210	A. 90280		
	ipt Type (Number of Copies):				
	Each official transcript ote: If College seal is broken from the envelo			s).	
Unofficia	al:Unofficial transcripts ar	re free.			
Diploma	a (Number of Copies):				
	_ Each duplicate diploma is \$40.00 per copy.	. (No rush services for diploma	ıs).		
Payment	t Method				
	Credit Card (contact school directly) Check/Money ((Make check/money order p	payable to Advanced College)			
Order In	nformation:				
	Picked up by another individual  O Designated individual  Send electronically (unofficial)				
	Mail via USPS (address below)				
Student	Signature:		Date of Request:		
FOR CC	OLLEGE OFFICIAL USE ONLY (DESIGNATED SC	 CHOOL OFFICIAL (DSO) MUST E		MPLETED:	
(1	L) PAYMENT RECEIVED				
(2	2) REQUEST PROCESSED BY				
(3	B) DATE REQUEST PROCESSED				