

NORTH MONTEREY COUNTY CENTER FOR INDEPENDENT STUDY

17500 PESANTE ROAD, ROOM 9
SALINAS, CA 93907
831-663-6154 Ext 3450
FAX 831-663-6184

REGISTRAR: Erika Linares, elinares@nmcusd.org

REQUEST FOR RECORDS FORM

ALLOW UP TO 5 BUSINESS DAYS TO PROCESS

VALID PHOTO ID MUST BE ATTACHED TO THIS REQUEST BEFORE PROCESSING

- a. Bring in this form along with a valid ID and payment in person to Main Office for NMC Independent Study (address above)
- b. **OR** mail, fax, or e-mail this form along with the **copy of your valid ID** to address, fax, e-mail above (send payment via US to address above).

NOTE: **Official Transcripts must be sent via US Mail or picked up in person only.** Unofficial transcripts may be faxed, e-mailed, or mailed via US Mail. **Please allow 5 business days for processing.** Transcripts or other records will not be sent until payment is received. Transcripts or other records will not be processed on days when the office is closed.

- 1) What are you requesting? Number of copies requesting: _____ Currently enrolled in NMCCIS: Yes No
(No fee to current enrolled students)
- Official Transcript: \$ 5.00
 - Unofficial Transcript: \$ 3.00
 - Copy of Immunizations: \$ 3.00
 - Copy of Birth Certificate: \$ 3.00
 - Other _____

Money Orders (addressed to NMCCIS) or Cash accepted

PLEASE PRINT CLEARLY

- 2) Full/Legal name at time of enrollment: _____
Last First Middle
- 3) Birthdate: _____ 4) Telephone: (____) _____ 5) Class of: _____

IMPORTANT NOTICE – Due to FERPA Privacy Laws: If you are over the age of 18 and need someone other than yourself to request and or pick up your transcript or diploma, you must indicate this in writing. Include the person’s full legal name and a copy of your valid photo ID. Person picking up record/s must present the letter (written and signed by you and copy of your valid photo ID) and their valid photo ID matching the name stated on the letter. Record/s will NOT be released if letter and IDs are not presented.

Please indicate how would you like for us to send you the records requested?

- 1.) * MAIL TO: (Person requesting transcript/records is responsible for providing recipient's name and complete mailing address)

OR are we to:

- 2.) E-mail: _____ **OR** 3.) Fax: _____

OR 4.) **is this for * Pick-up** (Registrar will notify you once your transcript is ready for pick-up)

- Self Other: Name of person you are sending: _____
(Your authorization letter and copy of your ID attached) Relationship: _____

- 6) Signature: _____ 7) Today's Date: _____

NORTH MONTEREY COUNTY CENTER FOR INDEPENDENT STUDY

17500 PESANTE ROAD, ROOM 9

SALINAS, CA 93907

831-663-6154 Ext 3450

FAX 831-663-6184

REGISTRAR: Erika Linares, elinares@nmcusd.org

FOR OFFICE USE ONLY

Rcvd By: _____ DATE: _____ FEES Due: \$ _____ PAID BY: CA M/O

OF COPIES REQUESTED: _____ Transcript Official Transcript CUM IZ

BC or Equivalent Other _____

MAILED FAXED E-MAILED ON: _____ # of copies mailed: _____ BY: _____