

NORTH MONTEREY COUNTY CENTER FOR INDEPENDENT STUDY

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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 a 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, emailed 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: _____ 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 _____ \$3.00-\$30.00

Money Orders (addressed to NMCCIS) or Cash accepted

PLEASE PRINT CLEARLY

2) Full/Legal name at time of enrollment: _____

Last

First

Middle

3) Birth Date: _____

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 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 present.

Please indicate how you would like for us to send this records request

1) Mail to: (Person requesting transcript/ records is responsible for providing recipient's name and complete address)

OR

2) E-mail: _____ OR 3.) FAX _____
4) 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: _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____ FEES Due: \$ _____
of copies requested: _____ Type of Request: _____
Sent Via: _____