



# FREMONT COLLEGE®

Request for Academic Transcript

**Attention: Student Records Office**

\_\_\_\_\_  
Student's Full Name (Please Print): (Last, First, Middle)

\_\_\_\_\_  
Name if different while attending the School (Please Print): (Last, First, Middle)

\_\_\_\_\_  
Social Security Number (U.S. Only)

\_\_\_\_\_  
Date of Birth:   Month   Day   Year

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

This request is mailed to the following address:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Transcript Request Fee

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

As part of my acceptance requirements, I must provide official transcript. Please forward this to Fremont College address below as soon as possible. Enclosed you will find the necessary fee, if applicable.

Fremont College  
Office of Register / Transcripts  
1800 Studebaker Rd., Suite 900A  
Cerritos CA 90703  
(800) 373-6668

Sincerely,

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date