

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Office of Human Resources and Equal Opportunity

FORM TO REQUEST OFFICIAL TRANSCRIPT(S)

Date _____

Registrar:

For the purpose of establishing minimum qualification for a teaching position and salary placement, please send an official transcript to:

*****I ki KI cnci j gt
Campus Personnel Office
Foothill Community College
12345 El Monte Road
Los Altos Hills, CA 94022

Name: _____
Last First

Former Name: _____ Date last attended: _____

Social Security Number: _____ Birthdate: _____

Address: _____

Phone Number: _____

The transcript fee of \$ _____ is included.

Please process as soon as possible. Thank you.

Sincerely,

Signature