



Student Records Request

Last 4 of Soc Sec # _____ Birthdate: _____

Name: _____

LIST OTHER NAMES DURING ATTENDANCE, IF APPLICABLE: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Contact Phone#: () _____

DATES OF ATTENDANCE: (YEAR) FROM _____ TO _____

SIGNATURE: _____ **DATE:** _____

Release of Information

I authorize _____ to pick up/receive my official transcripts on my behalf.

If forms need to be sent by email, please provide email address:

Email Address: _____

Or by Mail:

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

SIGNATURE: _____ **DATE:** _____

*** Please allow 5 working days to process request*

Mission

The San Joaquin County Office of Education's Career Technical Education Career Academy of Cosmetology provides an innovative atmosphere committed to 21st century skills acquisition through successful, professional, and reputable student-focused programs.