

TRANSCRIPT REQUEST/EDUCATION VERIFICATION

Please Initial below.

In connection with my application for admission to Mt. Sierra College, I understand that I am required to provide official documentation of my educational history. I authorize, without reservation, any institution or agency contacted by Mt. Sierra College to release my official transcript(s).

Signature

Date

Last Name

First Name

Social Security Number

Date of Birth (requested in order to obtain accurate retrieval of records)

Other names used while attending

HIGH SCHOOL EDUCATION

High School:

Name of High School

Address

City

State

Zip Code

Graduated: Yes Year Graduated: _____

No If no,

General Education (GED) State: _____ Year Awarded _____

California High School Proficiency Year Awarded _____

Other: _____

PRIOR COLLEGE EXPERIENCE

Yes No

If YES, provide names and addresses of all colleges attended. Attach another sheet if necessary.

Name of College	Degree Earned <input type="checkbox"/> None <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS or higher	Dates of Attendance (MM/YYYY - MM/YYYY) _____
Address		

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