



Office of the Registrar
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Stockton, CA 95207
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Document Request Form

Transcript fee: \$5 each
(Cash, card, or check accepted)

Fiscal Office Phone: (209) 235-2904

STUDENT INFORMATION

Full Name: _____
Last First Middle initial

Address: _____
Street City/State Zip Code

Former Name(s): _____ **Phone:** _____

HC ID# or Social Security Number: _____ **Birthdate:** _____

Email Address: _____

Status (please check one): **Current Student** **Not currently enrolled** **Graduated**
(Date of last attendance: _____) (Degree date: _____)
MM/YY MM/YY

DOCUMENT TYPE

<i>Quantity</i>		<i>Format</i>	
	Official Transcript	<input type="checkbox"/> Hard-copy only	
	Unofficial Transcript	<input type="checkbox"/> Hard-copy	<input type="checkbox"/> PDF copy
	Letter of Good Standing	<input type="checkbox"/> Hard-copy	<input type="checkbox"/> PDF copy
	Enrollment Verification	<input type="checkbox"/> Hard-copy	<input type="checkbox"/> PDF copy
	Graduation Evaluation	<input type="checkbox"/> Hard-copy	<input type="checkbox"/> PDF copy
	Undergraduate Transcripts	<input type="checkbox"/> Hard-copy	<input type="checkbox"/> PDF copy
	Other (please specify): _____		

PROCESSING TIME

- Process immediately (requires 7 business days) *Comments: _____
 Process after current quarter grades are posted _____
 Process after degree is posted _____

DELIVERY METHOD

- Will pick up
 Email to: _____
 Fax to: _____
 Mail to: _____

Name

Street address

City

State

Zip

**** Student Signature:** _____ **Date Signed:** _____
(Hand-written signature required)