



VICTORY EDUCATION & TRAINING INSTITUTE

P O Box 835 · San Dimas, CA 91773 · Telephone 909-599-4437 · Fax 909-592-4569

TRANSCRIPT REQUEST

Last name: _____ First name: _____

Any other name/s used: _____ Male / Female
Please circle

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip code: _____

Home number: _____ Cell number: _____

Church: _____

Last Extension Attended: _____

(No Personal or Church Check)

TYPE <i>(SELECT ONE)</i>	COST <i>Paid by cashier's check or money order</i>	MAILED TO:
<input type="checkbox"/> UNOFFICIAL	\$10.00	Address Provided Above
<input type="checkbox"/> OFFICIAL	\$15.00	School Directly. Please provide name and address: _____ _____ _____

\$5.00 RUSH *I'm including an additional \$5.00 to RUSH my transcript. I understand it will be processed and mailed the same day received at VETI.*

Mail this request to:

Victory Education & Training Institute
Attn: TRANSCRIPTS
P O Box 835
San Dimas, CA 91773

Notes:

- *Allow 7-10 business days for processing*
- *For your records, keep a copy of this request, the money order stub and the date mailed.*
- *Transcripts requests are on hold until appropriate monies are received.*

FOR OFFICE USE ONLY	
Date Received: ____/____/____	Date Mailed: ____/____/____
Staff Member: _____	