



401 15th Street, Suite 201, Oakland, CA 94612  
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## Request for Official Transcript/Certificate

STUDENT NAME:			
_____		_____	
<i>Last Name/Family Name</i>		<i>First Name/Given Name</i>	<i>Middle Name</i>
ID NUMBER:	_____	DATE OF BIRTH:	____/____/____
ADDRESS:		PHONE NUMBER:	
<i>Number, Street, Apt.</i>		_____	
_____		E-MAIL:	
<i>City, State, Zip Code</i>		_____	
_____		_____	

**ALLOW 5 BUSINESS DAYS FOR PROCESSING**

Pick up in person (picture ID required)

Mail transcript to (please print):

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

*Number Street Apt.*

\_\_\_\_\_

*City State Zip Code*

I am currently enrolled as an English Language Program student

I am not currently enrolled but attended SOLEX (list dates below):

\_\_\_\_\_

\_\_\_\_\_

I would like \_\_\_\_\_ copies of my transcript at **\$10 per copy**.

Issue now

Hold for current session grades

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_