



CERTIFICATE/TRANSCRIPT ORDER FORM

Please **PRINT** carefully or type all information requested below.

For information, call 866-342-4773.

PERSONAL INFORMATION

Last Name <i>(Please specify the name used at the time of testing.)</i>		First Name	Middle Initial
Date of Birth	Approximate Test Date	CHSPE ID # (if known)	

PERSONAL CONTACT INFORMATION

Name — only if your name has changed		
Mailing Address		
City	State	ZIP Code
Daytime Phone Number ____ - ____ - _____	Evening Phone Number ____ - ____ - _____	E-mail (if available)

ORDERS

	FEE PER UNIT	X	QTY	=	TOTAL FEES
DUPLICATE CERTIFICATE(S) – The \$25 fee is charged for EACH duplicate certificate ordered.	\$25.00	X		=	\$
TRANSCRIPT(S) – The \$15 fee is charged for EACH transcript ordered.	\$15.00	X		=	\$

Note: Certificates and transcripts will be mailed via first-class mail within ten business days of receipt of this order form. If you request and pay for Rush Service, your materials will be mailed via overnight service within three business days of receipt of this order form.

RUSH SERVICE – \$15 per mailing address. Rush Service is not available to post office boxes, military post office boxes, or locations outside of the continental United States.	\$15.00 per address	X		=	\$
TOTAL FEES FOR THIS ORDER					\$

RELEASE INFORMATION

I certify that I am the person whose name and signature appear on this form. I authorize release of my certificate/transcript to me and/or the recipients designated below.

Signature (required) (If under 18 years old, a parent/guardian must sign.) Date

SEND DOCUMENT(S) TO: (For each shipping address requiring Rush Service, please check Rush Service box(es) below. Use an additional piece of paper if you are ordering documents to be sent to more than two addresses. Check the "Fax a copy" box if you would like a copy faxed to the same recipient prior to shipment of your official document.)

Shipping Address:				Shipping Address:			
<input type="checkbox"/> Certificate	<input type="checkbox"/> Transcript	<input type="checkbox"/> Rush Service		<input type="checkbox"/> Certificate	<input type="checkbox"/> Transcript	<input type="checkbox"/> Rush Service	
Name of Organization				Name of Organization			
Attn:				Attn:			
Address				Address			
City	State	ZIP Code		City	State	ZIP Code	
Phone Number	<input type="checkbox"/> FAX a copy / FAX Number			Phone Number	<input type="checkbox"/> FAX a copy / FAX Number		

HOW TO PAY YOUR FEES:

Enclose a money order or bank-issued cashier's check payable to the California Department of Education. Incomplete forms and forms received without proper fees will be returned to the requester. **Cash, personal checks, and payments using credit or debit cards will not be accepted.**

MAILING INFORMATION

If using U.S. Postal Service, mail this completed form and proper payment to:

CHSPE Office
Sacramento County Office of Education
Attn: CHSPE Records Request
P.O. Box 269003
Sacramento, CA 95826-9003

If using another delivery service, such as FedEx, UPS, etc., mail this completed form and proper payment to:

CHSPE Office
Sacramento County Office of Education
Attn: CHSPE Records Request
10150 Missile Way
Mather, CA 95655