



HIGH SCHOOL TRANSCRIPT REQUEST FORM

Advanced Career Institute is requesting High School Transcripts for the student listed below. Transcripts must show a graduation date in order to be accepted by our institution.

Please find written authorization from the student on the attached Conditional Acceptance Form.

Student Name: _____

Maiden or Other Name: _____

Date of Birth: _____ Graduation Date (MM/YYYY): _____

Please forward the transcripts to Advanced Career Institute to the fax/address marked below.

Please Fax To:
(559) 651-8032

OR

Mail To:
**Advanced Career Institute
Attn: Financial Aid
1728 N. Kelsey Street
Visalia CA. 93291
Tel. (559) 651-1978**

Please Fax To:
(559) 441-4348

OR

Mail To:
**Advanced Career Institute
Attn: Financial Aid
2953 S. East Ave.
Fresno CA. 93725
Tel. (559) 441-4345**

Please Fax To:
(209) 580-4735

OR

Mail To:
**Advanced Career Institute
Attn: Financial Aid
1741 W. Ashby Road
Suite B
Merced CA. 95348
Tel. (209) 580-4960**

Please Fax To:
(559) 651-8032

OR

Mail To:
**Advanced Career Institute
Attn: Financial Aid
2925 Mosasco Street
Suite B
Bakersfield CA. 93312
Tel. (661) 588-3525**

Please feel free to contact us should you need any further information on this student.