Southern Regional Occupational Center
2300 Crenshaw Blvd, Torrance, CA 90501
Registration and Records Office
(310)224-4200; registration@scroc.k12.ca.us

Records Request Form

Payment is required prior to processing. ***Please note that requests for transcripts older than seven years cannot be processed.*** Current high school students are the only exception to the fees outlined below.

REQUESTED DOCUMENT

☐ Official Transcript: $15.00

☐ Verification of Enrollment Letter: $15.00

☐ Student ID Replacement Card: $10.00

☐ Copy of Receipt(s): $10.00 *per receipt request*

REQUESTED PROCESSING TIME

☐ Standard (15 business days): No Additional Charge

☐ Expedited (3-5 business days): $10.00

REQUESTED PICK-UP/DELIVERY

☐ In-Office Pickup: No Additional Charge

☐ Mailed via USPS: $5.00

Current Name

First Name: _____ Last Name: _____

Name While Attending SoCal ROC (If different from above)

First Name: _____ Last Name: _____

Current Address: _____

Street *City/State* *Zip Code*

Email: _____ **Phone Number:** (_____)_____-_____

Specify which program you are requesting documentation for:

_____

List the year(s) and semester(s) you were enrolled at SoCal ROC:

_____

Were you a High School and/or Adult student while enrolled at SoCal ROC? ***Select all that apply.***

☐ High School

☐ Adult

Student Signature: _____ **Date**: _____

Revised: 10/3/2024

Office Use Only:

Date Received: _____ Date Issued: _____

Payment Received: ☐ Yes ☐ No Amount Paid: $ _____

EDUCATIONAL CONSENT FORM

(Authorization to Release Educational Records)

I, _____ (Student Name), hereby authorize the individual listed below to access my educational records or pick up my requested documents on my behalf. This consent is valid for the release of the following document(s):

☐ Official Transcript
☐ Verification of Enrollment Letter
☐ Student ID Replacement Card
☐ Copy of Receipt(s)

I understand that the individual picking up the documents will be required to present a valid form of identification (e.g., driver's license, passport, or state ID) upon pickup. **____ (student initial)**

I confirm that this consent is valid **only for this request** and pertains **only to the document(s)** specified above. I release Southern *California Regional Occupational Center* from any liability once the documents are handed to the authorized individual. **____ (student initial)**

First/Last Name : _____ Signature: _____

Authorized Individual

First/Last Name: _____ Relationship: _____
Signature: _____ Pick-up Date: _____

Revised: 10/3/2024