

Form to request transcripts to be sent **to** Palomar College (please print the following information)

Previous school/college attended

Social Security #

Palomar ID #

Dates of attendance

Name (Last, First, MI)

Maiden or Previous Name(s)

Please attach a copy of this form to my transcript
and forward to:

Area Code/Telephone #

Birth Date

Mailing Address

City, State, Zip Code

Palomar College
Records Office
1140 West Mission Road
San Marcos, CA 92069-1487

Signature

Date

TranRqst-toPal.xls
Revised 11/04
