

COMPLETION CERTIFICATE (COPY) REQUEST FORM

NOTICE: The school will contact you if we are unable to process your request due to your failure to comply with one or more of the school policies & or procedures as listed in the school catalog. A copy of the completion certificate will be sent to your above address within 10 business days. You may contact the Student Services Office at (562) 864-0506 with any questions. Please mail (15141 Whittier Blvd., Suite 420, Whittier, CA 90603, fax (562-864-7806), or email (julie@ati.edu) the completed form.

Note: Please allow 5 to 10 working days to process your request.

Student Information

Last name:	First name:	Middle name:
Home Address:		
Home City, State, Zip:		
Home Phone with Area Code:	Date of Birth (mm/dd/yyyy):	
Requesting to receive a copy of the completion certificate at home?	Yes	No (please complete the Institutional Information section)

Academic Program Information

Program Name:
Academic Period (mm/dd/yyyy to mm/dd/yyyy)

Alternate Mailing Address / Institutional Information

School:
Attention:
Address:
City, State, Zip:

Payment Information

Method of Payment:	
Cardholder's Name (print last, first):	
Card Number:	Expiration Date (mm/yyyy):
Student or Cardholder's Signature:	

For Office Use Only

Request received by (school official last, first name – print):
Date request received (mm/dd/yyyy):
Date request filled (mm/dd/yyyy):