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**ADULT EDUCATION  
HEALTH CAREERS  
TRANSCRIPT REQUEST**

**HACIENDA LA PUENTE**  
Willow Center  
14101 E. Nelson Avenue  
La Puente, CA 91746  
PHONE: 626 934-2816/7  
FAX: 626 855-3169

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Email: \_\_\_\_\_

I attended HLP AE from: \_\_\_\_\_ to \_\_\_\_\_

Program Attended: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

Please send an official copy of my transcript to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will pick up my transcripts on: \_\_\_\_\_

I am enclosing \_\_\_\_\_ for cost of \$5.00 per transcript.  
(cash, credit, debit or money order accepted, *NO PERSONAL CHECKS WILL BE ACCEPTED*)

Student Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***\*Please provide picture identification when submitting your request.***