



CHSPE CERTIFICATE/TRANSCRIPT ORDER FORM

California High School Proficiency Examination

Please **PRINT** carefully or type all information requested below.
For information, see page 22 of the CHSPE Information Bulletin or call 866-342-4773.

PERSONAL INFORMATION

Last Name <i>(Please specify the name used at the time of testing.)</i>		First Name	Middle Initial
Date of Birth	Approximate Test Date	CHSPE ID # (if known)	

PERSONAL CONTACT INFORMATION

Name — if different than above		
Mailing Address		
City	State	ZIP Code
Daytime Phone Number () ()	Evening Phone Number () ()	E-mail (if available)

ORDERS

	FEE PER UNIT	X	QTY	=	TOTAL FEES
DUPLICATE CERTIFICATE(S) – The \$25 fee is charged for EACH duplicate certificate ordered.	\$25.00	X		=	\$
TRANSCRIPT(S) – The \$15 fee is charged for EACH transcript ordered.	\$15.00	X		=	\$

Note: Certificates and transcripts will be mailed via first-class mail within ten business days of receipt of this order form. If you request and pay for Rush Service, your materials will be mailed via overnight service within three business days of receipt of this order form.

RUSH SERVICE – \$15 per mailing address. Rush Service is not available to post office boxes or military post office boxes.	\$15.00 per address	X		=	\$
RELEASE INFORMATION					TOTAL FEES FOR THIS ORDER
I certify that I am the person whose name and signature appear on this form. I authorize release of my certificate/transcript to me and/or the recipients designated below.					\$

Signature (required)		Date
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SEND DOCUMENT(S) TO: For each address, please check the box(es) for the service(s) requested. Use an additional piece of paper if you are ordering documents to be sent to more than two addresses. Check the "Fax a copy" box if you would like a copy faxed to the recipient prior to shipment of your official document.

Shipping Address: <input type="checkbox"/> Certificate <input type="checkbox"/> Transcript <input type="checkbox"/> Rush Service			Shipping Address: <input type="checkbox"/> Certificate <input type="checkbox"/> Transcript <input type="checkbox"/> Rush Service		
Name of Organization			Name of Organization		
Attn:			Attn:		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Phone Number	<input type="checkbox"/> FAX a copy / FAX Number		Phone Number	<input type="checkbox"/> FAX a copy / FAX Number	

HOW TO PAY YOUR FEES:

Enclose a money order or bank-issued cashier's check payable to *California Department of Education*. Incomplete forms and forms received without proper fees will be returned to the requester. **Cash, personal checks, and payments using credit or debit cards will not be accepted.**

MAILING INFORMATION

If using U.S. Postal Service, mail this completed form, a copy of your ID, and proper payment to:

CHSPE Office
Sacramento County Office of Education
Attn: CHSPE Records Request
P.O. Box 269003
Sacramento, CA 95826-9003

If using another delivery service, such as FedEx, UPS, DHL, etc., mail this completed form, a copy of your ID, and proper payment to:

CHSPE Office
Sacramento County Office of Education
Attn: CHSPE Records Request
10150 Missile Way
Mather, CA 95655

ATTACH a copy of your photo ID.