



ICDC COLLEGE®

Telephone: 866-495-1411 / Fax: 714- 844-9141

E-Mail: ICDCRecords@trident.edu

TRANSCRIPT REQUEST

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

DOB: _____ SSN: _____

EMAIL ADDRESS: _____

NO. OF TRANSCRIPTS _____ NO. OF DIPLOMAS _____ TOTAL AMOUNT DUE (\$10 EACH) _____

SEND DIPLOMA TO: _____

SEND TRANSCRIPTS TO: _____

SCHOOL/ORGANIZATION NAME: _____

ATTENTION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PAYMENT AUTHORIZATION

CREDIT CARD NO: _____ TYPE: _____

SECURITY CODE: _____ EXPIRATION DATE: _____

BILLING ADDRESS: _____

NAME ON CARD: _____

MAILING DIRECTIONS

TRIDENT UNIVERSITY ON BEHALF OF ICDC COLLEGE
ATTN: STUDENT RECORDS
5757 PLAZA DRIVE, SUITE 100
CYPRESS CA 90630

STUDENT SIGNATURE: _____ DATE: _____

NOTE: Upon receipt, please allow 3 to 5 business days for processing.