

CE Transcript Request



Contact: Lisa Cassidy, Student Affairs Dept.
Southern California College of Optometry
2575 Yorba Linda Blvd

Phone: 714.992.7803 Fax: 714.992.7878
Email: lcassidy@scco.edu
Fee: \$10 per copy

Fullerton, CA 92831

Please send # ___ Copies

Name: _____ Graduation Date _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Fax: _____ Email: _____

Note: If you would like SCCO to send your CE transcripts to an address other than above;
(State Board of Optometry, business address, etc.) Please provide additional information:

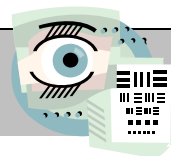
PAYMENT: Visa / Master Card / Check - Payable to SCCO.

Card # _____ Name: _____ Exp Date: _____ CVV: _____

I understand that my signature authorizes *Southern California College of Optometry* to release the
above reference transcripts as stated: (**PRINT~ SIGN ~ SUBMIT by fax or mail**)

Printed Name Signature Date

CE Credit Letter Request



Contact: Yadira Molina, CE Dept.
Southern California College of Optometry
2575 Yorba Linda Blvd
Fullerton, CA 92831

Phone: 714-449-7495 Fax: 714-992-7809
Email: ymolina@scco.edu
Fee*: \$25. Please send # _____ Copies
*No charge for Credit Letters requested within 90 days of
the specific course attended.

Name: _____ License # _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Fax: _____ Email: _____

PAYMENT: Visa / Master Card / Check - Payable to SCCO.

Card # _____ Name: _____ Exp Date: _____ CVV: _____

Printed Name Signature Date