



GALEN COLLEGE

OF MEDICAL AND DENTAL ASSISTANTS

Office Use Only

RCVD _____

StuID _____

Prisd _____

Which campus did you attend?

Bakersfield

Fresno

Modesto

Visalia

Year Attended: _____

Medical Assistant

Dental Assistant

Massage Therapy

Secretary/Word Processing

Medical Receptionist

Patient Care Technician

Name: _____

Additional Names Used: _____

Home Address: _____

City: _____ St _____ Zip _____

Phone #: _____

SSN: _____

Services Requested:

RDA Brush-UP Written OR Practical Exam Date: _____

Job Placement

	Cost		Quantity	Sub-Total
<input type="checkbox"/> Transcript (must be mailed to institution)	\$10	X	_____	= _____
<input type="checkbox"/> Diploma	\$20	X	_____	= _____
<input type="checkbox"/> Coronal Polish Certificate (Dental only)	\$20	X	_____	= _____
<input type="checkbox"/> Radiation Safety Certificate (Dental only)	\$20	X	_____	= _____
If your documents will be mailed		S&H	\$2	= _____
Total *				= _____

*If your request requires a student file to be retrieved from our offsite storage, an additional \$20 fee will be assessed.

For all transcripts, and any other documents being mailed, please provide the address and to whose attention your documents will be sent. If you are picking up documents, leave this blank:

All requests requiring payment must include funds when mailed/dropped off to us. Make Check or Money Order payable to Galen College. Requests are handled on a first-come first-serve basis. Please allow 6-8 weeks for all document requests. Any requests that require a student file to be retrieved from storage will experience longer wait times.

Mail/Deliver to: Attn: Requests, Galen College, 1325 N. Wishon, Fresno, Ca 93728

Signature: _____