

# RECORDS RETRIEVAL REQUEST FORM

NORTH KERN VOCATIONAL TRAINING CENTER  
2150 7<sup>th</sup> Street  
Wasco, CA 93280  
661.758.3045

1732 Norwalk Street  
Delano, CA 93215  
661.720.4147

Date of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_  
*(please print full name)*

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

Contact Phone: \_\_\_\_\_

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

Year Attended: \_\_\_\_\_

Program Instructor: \_\_\_\_\_

My signature acknowledges that I understand there is a Records Retrieval Fee of \$15.00 payable via cash, check or money order to North Kern Vocational Training Center. This fee is payable in advance of document retrieval. I understand that the retrieval of my records may take up to five (5) business days at which time I will be contacted regarding the status of my request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, have claimed the document(s) I requested on: \_\_\_\_\_  
*please print*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

My signature acknowledges that I understand the document(s) requested was/were unable to be located; therefore I am being refunded the \$15.00 Records Retrieval Fee.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

My signature acknowledges that I have refunded the Customer the initial \$15.00 Records Retrieval Fee.

\_\_\_\_\_  
Signature of NKVTC Office Personnel

\_\_\_\_\_  
Date

