

RECORDS RETRIEVAL REQUEST FORM

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

Address: _____

Contact Phone: _____

Program Attended: _____

Year Attended: _____

Program Instructor: _____

I understand there is a retrieval fee of \$15.00 payable via cash, check or money order to North Kern Vocational Training Center. I understand that the retrieval of my records may take up to five (5) business days by which time I will be contacted to come and claim the document(s).

Signature

Date