



Los Angeles Valley College

5800 Fulton Avenue

Valley Glen, California 91401-4096

REQUEST FOR OFFICIAL TRANSCRIPTS

STUDENT INFORMATION

(All information below must be complete)

Last Name First Name MI

8 8 Student Identification Number Social Security Number or alternate Student ID Number

Street Address Date of Birth

City State Zip Code Telephone Number

Please Print any other or previous names used LAVC Attendance: From/To Semester and Year

TYPE OF REQUEST

- Regular \$3.00 (per copy) Mailed out within 7 to 10 business days
Rush \$10.00 (per copy) Mailed out the same day if requested by 3:00 pm.

MAIL TRANSCRIPT TO

Student is responsible for correct address)

Check the box to use your name and address

Street Address City State Zip Code

NOTE: IF YOU ARE REQUESTING TRANSCRIPTS FOR SOMEONE OTHER THAN YOURSELF YOU MUST HAVE WRITTEN PERMISSION FROM THE STUDENT. TRANSCRIPT REQUEST WILL NOT BE PROCESSED WITHOUT STUDENT SIGNATURE. PLEASE MAKE SURE THAT ALL GRADES ARE POSTED BEFORE REQUESTING TRANSCRIPTS. WE DO NOT HOLD FOR GRADES. IT IS THE STUDENT RESPONSIBILITY TO MAKE SURE ALL GRADES ARE POSTED BEFORE ORDERING TRANSCRIPTS.

X

STUDENT SIGNATURE

OFFICE USE ONLY

Clerk Date

AF PAF

Fee Paid Rush Completed Completed Date

Cash Mailed Mailed Date

Check # No Holds Reordered Date