



REQUEST FOR OFFICIAL TRANSCRIPTS

LOS ANGELES VALLEY COLLEGE 5800 FULTON AVENUE VALLEY GLEN, CA 91401-4096

You are entitled to 2 free non-rush transcripts in your student lifetime at LAVC.

PLEASE PRINT STUDENT NAME & ADDRESS

ALL INFORMATION BELOW MUST BE COMPLETED

LAST FIRST MI

NUMBER STREET

CITY STATE ZIP

STUDENT I.D. NUMBER (S.S.#):

- -

DATE OF BIRTH:

- -

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TELEPHONE NUMBER

PLEASE PRINT ANY OTHER OR PREVIOUS NAMES USED

LAVC ATTENDANCE: FROM/TO SEMESTER & YEAR

MAIL TRANSCRIPTS TO:

(STUDENT IS RESPONSIBLE FOR CORRECT ADDRESS)

PRINT CLEARLY!

CHECK THIS BOX TO USE YOUR NAME & ADDRESS

CITY STATE ZIP

NUMBER OF COPIES REQUESTED:



STUDENT SIGNATURE

(IF YOU ARE REQUESTING TRANSCRIPTS FOR SOMEONE OTHER THAN YOURSELF YOU MUST HAVE WRITTEN PERMISSION FROM THE STUDENT)

TRANSCRIPTS REQUEST WILL NOT BE PROCESSED WITHOUT STUDENTS SIGNATURE.

PLEASE BE SURE ALL GRADES ARE POSTED BEFORE REQUESTING TRANSCRIPTS. WE DO NOT HOLD FOR GRADES. IT IS THE STUDENTS RESPONSIBILITY TO MAKE SURE ALL GRADES ARE POSTED BEFORE ORDERING TRANSCRIPTS.

PLEASE CHECK A BOX BELOW. THESE ARE PRICES FOR EACH TRANSCRIPT REQUESTED.

OFFICIAL \$3.00 REGULAR (TO BE MAILED BETWEEN 7 TO 10 WORKING DAYS, NOT INCLUDING WEEKENDS OR HOLIDAYS)

OFFICIAL \$10.00 RUSH OR INSTANT (RUSH IS MAILED OUT AT 3:00PM DAILY)

PAYMENTS ARE TAKEN BY CHECK OR MONEY ORDER.

TOTAL AMOUNT ENCLOSED \$

DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

DATE RECEIVED _____

FEE PAID \$ _____

NO HOLDS

CHECK# _____

RUSH

MAIL

AF PAF

_____ COPY(IES) ORDERED _____ DATE

COMPLETED _____ DATE

MAILED _____ DATE

REORDERED: _____ DATE