

## TRANSCRIPT REQUEST FORM

All financial obligation within LACCD must be cleared before submitting this request. These obligations include past, current and future enrollment.

**Rush: \$10.00:** 3 Business Days (For records after 1974)

**Same Day: \$10.00** presented in person (For records after 1974)

**Regular: \$3.00** - 10 Business Days

Check here if you would like the transcript (s) sent to your home address listed below.  
*Request for more than one address requires additional form for each address.*

Last Name	First Name	Middle Initial	Student I.D. Number
Address			Social Security Number
City	State	Zip Code	Date of Birth (00/00/0000)
Maiden or Other Names	First Semester of Attendance		Email Address
<small>I understand that: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. Transcripts can only be released to third party with an Authorization to Release Information Form signed by the student (per transaction).                  I understand that: We do not hold transcripts for grades, petitions or graduation. It is my responsibility to ensure that all grades are posted and any petitions approved and noted on my record prior to submitting this request.</small>			
Signature	Today's Date		Phone Number

Total Copies Requested:

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SEND TO: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

### FOR OFFICE USE ONLY

<b>Processor:</b>	<b>Date:</b>					
Request	Holds	Payment Information	Mailed	Date	Pick up	Date

**Rush**       No Holds      \$10.00 e/a x \_\_\_\_\_ Copies = \$ \_\_\_\_\_       Mailed \_\_\_\_\_       Pick up \_\_\_\_\_

**Regular**       No Holds      \$3.00 e/a x \_\_\_\_\_ Copies = \$ \_\_\_\_\_       Mailed \_\_\_\_\_       Pick up \_\_\_\_\_