

OFFICIAL TRANSCRIPT REQUEST

Last Name	First Name	Middle Name
Student ID Number Or Social Security Number:	Date of Birth:	Approximate Dates of Attendance:
Current Address (Number, Street, City, State, Zip):		
Current Phone Number:	Current Email:	
REQUIRED Student Signature. In accordance with the Federal Educational Rights and Privacy Act of 1974, student's signature and written authorization is required to release any information. Sign Here _____ Date Here _____		

IMPORTANT NOTES:

- Only coursework completed at LACC will be included in the transcript requested.
 For ITV coursework, go to <http://www.lamission.edu/itv/> or call ITV at (818) 833-3595 or (818) 833-3591.
 For overseas military coursework, please call (818) 364-7773.

Regular Processing - \$3.00 per transcript X _____ = \$_____ Mailed out within 7 to 10 business days. All students receive their first two regular transcripts for free in their lifetime. Pick up service not available.

Rush Processing - \$10.00 per transcript X _____ = \$_____ Mailed out within 1 to 2 business days or pick up in person.

Make all checks or money orders payable to **Los Angeles City College**.
 Mail all requests to Los Angeles City College Transcript Unit, 855 N Vermont Ave, Los Angeles, CA 90029

For CSU GE Breadth and IGETC certification requests, please go to the online petition which is managed by the Articulation Office:
<http://www.lacitycollege.edu/Academic-Info/Articulation/CSUGE-IGETC-Cert-Request>

Please hold my request for the following purpose:
 Hold until degree is recorded at the end of the semester
 Hold for final grades: _____
 Hold for Incomplete/Grade Change/Auto Repeat in:
 Course: _____ Grade: _____ Sem/Yr: _____
 Hold for Academic Renewal in _____

Please **print** all information below. Student is responsible for correct mailing/email address. Separate form is required for each address. **MAIL/EMAIL TRANSCRIPTS TO:**

Attention _____

Street Address or Email Address _____

City _____ State _____ Zip _____

OFFICE USE ONLY

Dear Student: Your request is being returned for a fee payment of \$ _____. Please return your check or money order along with this form to our office.	Transcripts Processed by: _____ Date: _____ No. of Transcripts: _____ Clerk's Signature: _____	Transcripts Picked Up by: Signature: _____ Date: _____
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