

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:

- Transcript request will not be processed until all outstanding financial obligations to the college and District have been met including fees for the current semester. Any past due fee(s) owed or other student record hold will cause a delay in the processing of your request or a return of request.
- 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 address. Separate form is required for each address.

MAIL TRANSCRIPTS TO:

Attention _____

Street 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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