# Los Angeles Southwest College
# REQUEST FOR TRANSCRIPT

FOR OFFICE USE ONLY
DATE MAILED: _____
Charges Paid $ _____
Receipt # _____

**PRINT FIRMLY**
(This is a two-part form)

PROCESSING TAKES 5 DAYS

TRANSCRIPT FEE: $3.00
PER COPY AFTER FIRST
TWO COPIES ISSUED.

EMERGENCY PROCESSING: $7.00

STUDENT'S NAME _____
LAST FIRST M.I.

NAME _____
LAST FIRST M.I.
(IF DIFFERENT WHILE ATTENDING LASC)

SOCIAL SECURITY OR I.D. NUMBER _____ - _____ - _____

BIRTH DATE ____/____/____

TELEPHONE NUMBER ( ) _____

PLEASE SEND _____ TRANSCRIPT(S)
NUMBER

MAIL TO:

| |
|---|
| |
| |
| |
| |

DATES ATTENDED LASC: _____ _____
FROM TO

TRANSCRIPT SHOULD BE HELD FOR:

- ❑ THIS SEMESTER FINAL GRADES
- ❑ POSTING DEGREE
- ❑ GRADE CHANGE – FOR WHAT COURSE _____
- ❑ STATE COLLEGE CERTIFICATION/IGETC
  (See College Catalog for CSU or IGETC Gen. Ed. Requirements)

* DO YOU HAVE TRANSCRIPTS ON FILE FROM OTHER COLLEGES? _____ _____
YES NO

LIST COLLEGES: _____

_____

* NOTE: Maximum 12 units may be certified from other California institutions ONLY.

STUDENT'S SIGNATURE _____ DATE _____

**PRINT YOUR ADDRESS BELOW:**

Notification that your transcript was processed will be mailed to the address below:

_____
(Name)

_____
(Address)

_____
(City) (State) (Zip Code)

**FOR OFFICE USE ONLY**

___ Your transcript was mailed as requested
Date Sent: _____

___ Certification Completed:
____ Full ____ Partial ____ None

___ Your transcript was not mailed for the reason(s) below. *
Transcript Fee Due $ _____
Incomplete Information. Please supply your: _____
You must clear with the following:
____ Library ____ Financial Aid Office
____ Business Office
____ Other _____

* Your request will remain active for fifteen (15) days so that you can provide the information requested. After a fifteen day period, you will need to make a new request..

**WHITE** – COLLEGE **CANARY** – STUDENT