



TRANSCRIPT REQUEST FORM

Transcripts can be ordered online at <https://www.studentclearinghouse.org>

Student Last Name	First Name	MI	Student ID (preferred) or Social Security #
Name if Different While Attending LASC	Date of Birth	Telephone Number	
Dates Attended LASC: From	To		
TRANSCRIPTS SHOULD BE HELD FOR:			
This Semester Final Grades		Posting Degree	
Grade Change – For What Course _____		For Semester/Year _____	
State College Certification/IGETC (See College Catalog for CSU or IGETC Gen. Ed. Requirements)			
*Do you have official transcripts on file at LASC from other colleges Yes No			
List Colleges			
Student Signature		Date	

Regular Mail Transcript Fee \$3.00 Per Copy after first two copies issued Processed within 10 business days.

Total Copies Requested _____ **Emergency Processing is not available.**

Mail Official Transcript To:

Institution Name or Agency Name or Individual Name	Attention	
Address Line 1		
Address Line 2		
City	State	Zip Code

FOR BUSINESS OFFICE USE ONLY

Charges Paid \$ _____ Receipt # _____ Date Transcript Submitted to A&R Office _____

FOR ADMISSIONS & RECORDS OFFICE USE ONLY

REGULAR REQUEST eTransCA Mail

CSU CERTIFICATION COMPLETED _____ IGETC CERTIFICATION COMPLETED _____

Processed by: Date: