



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)

STUDENT ID NUMBER _____ BIRTH DATE ____/____/____

TELEPHONE NUMBER () _____

PLEASE SEND _____ TRANSCRIPT(S)
NUMBER

MAIL TO:

DATES ATTENDED LASC _____ FROM _____ TO _____

TRANSCRIPTS 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

___ 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.