



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

DATES ATTENDED LASC _____
FROM TO

MAIL 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.