

Book transfer document:

Textbook Transfer Request form for LAHC College Store

Transfers may only occur from within any of LACCD College Store's.

Student name: _____ Student ID #: _____

Phone number: _____ Transferring campus: _____

Shipping address: _____ Email address: _____

Subject: _____ Subject #: _____ Section #: _____

Title: _____ ISBN: _____

Subject: _____ Subject #: _____ Section #: _____

Title: _____ ISBN: _____

Subject: _____ Subject #: _____ Section #: _____

Title: _____ ISBN: _____

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By emailing this document to bookstore@lahc.edu, I agree to the terms and conditions listed below:

- I acknowledge that the LAHC College Store will charge my account upon receipt of this request. No refunds are allowed after the charge has occurred.
- I acknowledge the process may take up to two weeks after the request is emailed in.
- Failure to comply with transfer requirements will exclude me from requesting books in subsequent semesters.
- The College Store will ship out to me at my expense.

Signature Date