



GRADE LINE OUT REQUEST

 LAST NAME FIRST NAME STUDENT ID# BIRTHDATE

Course: Name & Catalog number **Grade** **Campus**

Course Name & Catalog Number **Grade** **Campus**

Repeat:

Course Name & Catalog Number **Grade** **Campus**

Signature: _____

Date: _____

Email option	Traditional mail option
Request can be emailed to: graduationapp@lattc.edu	Send request to: Admissions and Records Department Los Angeles Trade-Technical College 400 W Washington Blvd Los Angeles, CA 90015