



Los Angeles Valley College
5800 Fulton Avenue
Valley Glen, California 91401-4096

OFFICIAL TRANSCRIPT REQUEST FORM

Regular Processing Fee = \$3.00 per transcript (10-Business Days Processing Time)

All pending fees must be cleared prior to submitting this request

COMPLETE ALL FIELDS BELOW and PLEASE PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MI:	STUDENT ID #: (9 digits)
ADDRESS:			SOCIAL SECURITY #: (9 digits)
CITY:	STATE:	ZIP CODE:	DATE OF BIRTH: (MM/DD/YYYY)
MAIDEN or OTHER NAMES:	FIRST SEMESTER of ATTENDANCE:	EMAIL ADDRESS:	
STUDENT'S SIGNATURE & TODAY'S DATE: (Unable to process if missing signature) X			PHONE NUMBER:
I understand that: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. Transcripts can only be released to third party with an Authorization to Release Information Form signed by the student (per transaction). I understand that: We do not hold transcripts for grades, petitions or graduation. It is my responsibility to ensure that all grades are posted and any petitions approved and noted on my record prior to submitting this request.			

☐ I am requesting _____ transcript(s) to be **MAILED** to my home address above.

AND / OR

☐ I am requesting _____ transcript(s) to be **MAILED** to the following address(es):

1	To: _____ Attn: _____ Address: _____ _____ City, State, Zip Code: _____ _____	2	To: _____ Attn: _____ Address: _____ _____ City, State, Zip Code: _____ _____
3	To: _____ Attn: _____ Address: _____ _____ City, State, Zip Code: _____ _____	4	To: _____ Attn: _____ Address: _____ _____ City, State, Zip Code: _____ _____

FOR OFFICE USE ONLY:	CLERK:	TOTAL # OF TRANSCRIPTS: (____) x \$3.00 ea. = \$	☐ CASH ☐ CHECK # ☐ MONEY ORDER #	CREDIT CARD : ☐ VISA ☐ M.C. ☐ AMEX ☐ D.C.	DATE MAILED:
	NO HOLDS: ☐				REOR DATE: