



TRANSCRIPT REQUEST FORM

Los Angeles Trade Technical College
Office of Admissions & Records
400 West Washington Blvd.
Los Angeles, CA 90015

Student ID Number	Date of Birth (mm/dd/yyyy)	Telephone #	Social Security #
Full Name (Last, First, Middle, while attending)			
Current Address – Number & Street		Apt./Unit	City
		State	Zip Code
Maiden/Previous Name: (Last, First, Middle)		Previous Social Security # used:	
First Term Enrolled		Last Term Enrolled	
<p>Regular Transcript: <input type="checkbox"/> Mail <input type="checkbox"/> Electronic (e-Transcript schools only)</p> <p>Regular Transcripts are \$3.00 per copy. If you have NEVER requested transcripts or verifications, the first two (2) copies are free. Transcripts will be processed and mailed within 10 working days from the date of receipt.</p>	<p><input type="checkbox"/> Emergency Transcript: <input type="checkbox"/> Pick-Up (same day) <input type="checkbox"/> Mail</p> <p>Emergency Transcripts are \$10 per copy. If you have never requested transcripts or verifications, the first (2) two copies are \$7 each.</p>	<p>HOLD REQUESTS Available only for Regular Requests</p> <p><input type="checkbox"/> Final Grades <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Summer</p> <p><input type="checkbox"/> Grade Change Semester: _____</p> <p><input type="checkbox"/> Degree Post</p> <p>Additional time is required for HOLD requests.</p>	
Please Print Institution Address		Number of Copies <input type="checkbox"/>	
Name: _____		Name: _____	
Att: _____		Att: _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Printed Name	Date	Office Use Only Received by A&R Staff: _____ Transcript Processed Date: _____ No. of Transcripts: _____ A&R Staff: _____	
Student Signature	Date		

Los Angeles Trade Technical College – Office of Admissions & Records – PROOF OF SUBMITTED TRANSCRIPT REQUEST

Please keep this stub as proof that you submitted a transcript request with the Office of Admissions & Records.

Student Name	Student ID Number
Received By:	Date:
Amount Paid: \$	No. of Transcripts