LOS ANGELES
MISSION COLLEGE

Official Transcript Release *

13356 Eldridge Ave. Sylmar, Ca 91342-3245

BUSINESS OFFICE
B. Office Initials: _____
Charges Paid $_____
Receipt#_____
_____
"R" HOLDS_____
A&R Initial's _____
DATE MAILED: _____

STUDENT'S NAME _____
LAST FIRST MI

NAME _____
LAST FIRST MI
(IF DIFFERENT WHILE ATTENDING LAMC)

BIRTH DATE _____/_____/_____

Note: Student needs to see a counselor for these services.

☐ **CSU CERTIFICATION** ***(No Rush Available)***
IT IS **MANDATORY** THAT YOU SEE A COUNSELOR.

☐ **IGETC CERTIFICATION** ***(No Rush Available)***
IT IS **MANDATORY** THAT YOU SEE A COUNSELOR.

Partial IGETC requires a counselor's approval.

DO YOU HAVE TRANSCRIPTS ON FILE FROM OTHER COLLEGES (for certification only)?

_____

_____

REGULAR PROCESSING
TAKES 5 TO 7 WORKING DAYS
(Not Including Holidays)
Transcript fee: **$3.00** per copy

RUSH is **$10.00** per copy for **SAME DAY PROCESSING SERVICE**
(In Person {ISSUED TO STUDENT} or Next Business Day Postmark - Regular U.S. mail only. (New Fiscal Policy.) Please, *NO PERSONAL CHECKS)*

PLEASE MAIL _____ TRANSCRIPT(S)
NUMBER

*Admissions is ***not able to hold transcript release for posting of grades***. Only ***RUSH*** requests are available for pick-up.

I.D. NUMBER _____-_____-_____ TELEPHONE NUMBER ( ) _____

MAIL TO:

_____ _____
_____ _____
_____ _____

STUDENT SIGNATURE _____ DATE _____

06/2015

PRINT YOUR EMAIL BELOW:

If you so request, a notification that your transcript was processed will be sent to the LACCD email below:

_____
(Name)

_____
(LACCD Student Email Address)

ADMISSIONS AND RECORDS OFFICE USE ONLY
_____ Your transcript was mailed as requested
Date Sent: _____
_____Certification Completed:
_____Full _____Partial _____None
_____ The transcript was not mailed for the reason(s) below.*
Free Transcripts Already Used. Please send payment.
Incomplete Information. Please supply your:
_____
You must clear with following:
_____Library _____Financial Aid Office
_____Business Office
Other