TRANSCRIPT REQUEST FORM

OPTIONS FOR REQUESTING TRANSCRIPTS

Please print, complete this form and mail to: University of La Verne
Office of the Registrar 1950 Third St La Verne, CA 91750

The University currently does not accept transcript requests over the telephone, email, or fax. For further information, please call (909) 593-3511 ext. 4001.

STUDENT INFORMATION

First Name _______________________ M.I. _____ Last Name _______________________

Former/Maiden Name(s) (if applicable) ________________________________

Home Address _______________________________ City __________________ State _____ Zip Code ______

La Verne Student ID # __________ Date of Birth _____/_____/_______ Daytime Phone # ______________

Approximate Dates of Attendance at La Verne: From (Term and Year): __________ To (Term and Year): __________

PROGRAM ATTENDED (Check One Box)

☐ Main Campus  ☐ Law  ☐ SFV Law  ☐ High School  ☐ Off-Campus (Please specify): ______________

Process Transcript(s):  ☐ Now  ☐ After Final Grades are Posted (please specify semester/term) ______________

☐ After Degree is Posted

WHERE TO SEND TRANSCRIPTS? (Each transcript is individually sealed)

**Note: Transcripts of students who attended prior to 1991 will take up to 10-20 business days to be processed.

1. Send _____ copy/copies to the following:

Name and/or Business _______________________________ Attn: __________________________

Address _______________________________ City __________________ State _____ Zip Code ______

(more space available on the 2nd page)

Registrar Revision 6/2011
2. Send ____ copy/copies to the following:

Name and/or Business ___________________ Attn: __________________
Address ____________________________ City __________________ State _____ Zip Code _________

3. Send ____ copy/copies to the following:

Name and/or Business ___________________ Attn: __________________
Address ____________________________ City __________________ State _____ Zip Code _________

**Note: Student is responsible for complete mailing address, including zip code.

Student’s Signature REQUIRED _______________________________ Date ________

**TRANSCRIPTS COSTS AND RESPONSE TIME OPTIONS**

**Prices are subject to change without notice**

☐ Pay $6 per copy and the transcript will be processed within 7-10 business days, after the Office of the Registrar has received the request. (sent Standard Mailing).

☐ Pay $12 per copy and the transcript will be processed within 7-10 business days, after the Office of the Registrar has received the request. (sent Certified Mailing – receipt available through our office).

☐ Pay $31 per copy and the transcript will be processed within 7-10 business days, after the Office of the Registrar has received the request. (sent via FedEx Mailing – tracking number available upon request).

**RUSH PROCESSES**

☐ Pay $15 and ONE transcript will be sent within one (1) business day, after the Office of the Registrar has received the request. Additional transcripts are $15 each. (sent Standard Mailing).

☐ Pay $40 per copy and ONE transcript will be sent within one (1) business day, after the Office of the Registrar has received the request. Additional transcripts are $15 each. (sent via FedEx Mailing – tracking number available upon request).

Transcripts will not be released if student has outstanding financial obligations to the University.

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**FILL IN THIS SECTION IF PAYMENT IS WITH A CREDIT CARD (not payable via fax)**

Student’s Last Name ___________________ Student’s First Name ___________________ Phone # ____________

Discover □ Visa □ MC □ AMEX □ La Verne ID # ________________ Amt Paid $________

Credit Card #: _______ - _______ - _______ - _______ Exp.: ____/____

Cardholder’s Last Name ___________________ Cardholder’s First Name ___________________

Cardholder’s Signature ____________________________________________ Date ____________

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FOR OFFICE USE ONLY

13010001-4120: $________
13010001-4999: $________