



# UNIVERSITY OF LA VERNE

## 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) 448-4001.

### STUDENT INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Former/Maiden Name(s) (if applicable) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

La Verne Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If you attended before 1995, enter the last 4 of SSN \_\_\_\_\_

### PROGRAM ATTENDED (Check One Box)

Main Campus  Law  SFV Law  High School  Off-Campus (Please specify): \_\_\_\_\_

**Process Transcript(s):**  Now - All transcripts are processed as your record exists at the time your order is received.

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

**\*\*Note:** Transcripts of students who attended prior to 1991 may take up to 20 business days to process.

1. Send \_\_\_\_ copy/copies to the following:

Name and/or Business \_\_\_\_\_ Attn: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(more space available on the 2<sup>nd</sup> page)

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.

**\*\*Prices are subject to change without notice\*\***

Pay \$10 per copy and the transcript will be processed within 5 business days, after the Office of the Registrar has received the request. (sent **Standard Mailing through USPS**).

**Student's Signature REQUIRED** \_\_\_\_\_ **Date** \_\_\_\_\_



**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  La Verne ID # \_\_\_\_\_ Amt Paid \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp.: \_\_\_\_/\_\_\_\_

Cardholder's Last Name \_\_\_\_\_ Cardholder's First Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**  
13010001-4120: \$ \_\_\_\_\_