



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) _____

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 - 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 2nd 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.

Student's Signature REQUIRED _____ **Date** _____

TRANSCRIPTS COSTS AND RESPONSE TIME OPTIONS

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

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

Pay \$15 per copy and the transcript will be processed within 10 business days, after the Office of the Registrar has received the request. (sent **Certified Mailing** – receipt available through our office).

RUSH PROCESSES

Pay \$20 and **ONE** transcript will be sent within two (2) business days, after the Office of the Registrar has received the request. Additional transcripts are \$20 each. (sent **Standard Mailing**).

Pay \$45 per copy and **ONE** transcript will be sent within two (2) business days, after the Office of the Registrar has received the request. Additional transcripts are \$20 each. (sent via **FedEx Mailing** – tracking number available upon request).

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

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: \$ _____