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 2nd page)

Registrar Revision 07/2023
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 $12 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: $________