East Los Angeles College

Admissions & Records
1301 Ave. Cesar Chavez
Monterey Park, CA 91754

Transcript Request Form

OFFICE USE ONLY

S060 & S061 Checked By _____
Intake Clerk _____
Amount Paid _____
Receipt No. _____
No Charge ☐
☐ CSU ☐ IGETC

NOTE: East Los Angeles College is not responsible for the delivery of transcripts after they have been processed and mailed.

Transfer Students are urged to request IGETC/CSU general education certification. This request is made at Window #1 of Admissions.

Name: _____ Student I.D. No. _____
Last First MI

Address: _____ Date of Birth: _____

City: _____ State _____ Zip _____ Other Names Used: _____

Attended From: Semester/Year _____ **To:** _____

Telephone Number: (Day) _____ Evening: _____

☐ **REGULAR TRANSCRIPT**	☐ **EMERGENCY TRANSCRIPT**	☐ **HOLD TRANSCRIPTS FOR:**
MAIL ONLY	**PICK-UP**	☐ **Final Grades:** ☐ Spring ☐ Summer ☐ Fall
First two (2) Regular Transcripts and or Verifications are Free; each additional copy $3.00. Admissions has ten (10) working days to process the request from the date it is received in the office. Note: When requesting to **HOLD** transcripts, processing time does not apply.	Emergency Transcripts $7.00 if student has not received free copies; each additional Emergency Transcript is $10 per copy.	☐ **Grade Change –** Course: _____ Original Grade: _____ Semester: _____ ☐ Information Change: _____ ☐ Other :

Please **print** all information below. Student is responsible for correct address.

Number of Copies: ☐ **Mail Transcripts To:**

Name: _____
Attn: _____
Addrs: _____
_____
City State Zip

Please **print** all information below. Student is responsible for correct address.

Number of Copies: ☐ **Mail Transcripts To:**

Name: _____
Attn: _____
Addrss: _____
_____
City State Zip

Student's Signature _____ Date _____

Transcript's Released To: _____ Date _____
(Sign **ONLY** after picking up transcripts in person)

OFFICE USE ONLY

IGETC Certification Completed	**CSU Certification Completed**	**Transcripts Processed**
☐ Certified ☐ Non-Certified	☐ Full ☐ Partial ☐ None	Date: _____
Evaluator_____ Date:_____	Areas met: ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E**	No. of Transcripts:_____
	Evaluator_____ Date: _____	A&R Assistant: _____