



OFFICIAL TRANSCRIPT REQUEST

Under provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), transcripts may not be released without the written consent of the student. The student's signature is required.

Date of Request: _____/_____/_____ Student ID or Social Security Number: _____ Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> _____ Last _____ First _____ Middle </div> Street Address: _____ City, State, ZIP: _____ Telephone: _____ Birthdate: _____/_____/_____ Other name or alias: _____ Email: _____	Number of copies requested: _____ Select <u>one</u> type of service*: <input type="checkbox"/> STANDARD (\$5 per copy) • Processing Time: 10 business days <input type="checkbox"/> RUSH (\$15 per copy) • Processing Time: 2 business days When should the transcript be processed? <i>(Please select only one option from below and indicate the semester and year.)</i> <input type="checkbox"/> Now (current semester, not waiting for grades) <input type="checkbox"/> After final grades are recorded for _____ Semester <input type="checkbox"/> After degree is recorded for _____ Semester <input type="checkbox"/> After incompletes/grade changes are made for _____ Semester Special Instructions: _____
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DO NOT DUPLICATE OR RESEND TRANSCRIPT REQUESTS. Duplicate requests may result in duplicate processing and additional charges. Las Positas College does not automatically send confirmation of receipt. Status updates must be requested by the student.

Please select only **ONE** of the two options below. If both options are needed, please complete an additional form.

<input type="checkbox"/> Send transcript to: (Please print complete destination address legibly) Name or Institution: _____ Attn: _____ Address: _____ City, State, Zip: _____	<input type="checkbox"/> Student Pickup: (Photo ID required at time of pickup) * Please note that transcripts may only be picked up by the student or approved designee. To authorize release of your transcript for a third-party to pick up, we will need a completed and signed FERPA release form on file authorizing release to the designated person(s). FERPA release forms may ONLY be completed, signed, and submitted in-person by the student, regardless of age. FERPA release forms submitted by a third-party will not be accepted.
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Signature of student authorizing release of transcript: _____ Date: _____
By signing above, I certify that (1) I have read and understand all terms, conditions, procedures, and information provided on this form; (2) that I am the student indicated on this form; and (3) I authorize the release of my academic transcript record for pickup or to the destination listed above and any authorized parties at this destination.

TRANSCRIPT PROCEDURES

1. **STANDARD SERVICE:** First 2 copies are free. All subsequent copies are \$5.00 per copy. Standard Service requests take 10 business days to process. **This fee does not include USPS mailing or processing at destination.**
2. **RUSH SERVICE:** \$15 for each copy. Rush Service takes at least 2 business days to process. **This fee does not include USPS mailing or processing at destination.**
3. Transcripts will not be issued until all monetary holds or obligations (Library, Financial Aid, CLPCCD District Office, etc.) are cleared.
4. Las Positas College will send record of work completed at Las Positas College and/or Chabot College only. Copies of transcripts from other institutions are NOT included. Transcripts from other institutions must be ordered from the original school(s).
5. **Mailing:** All transcripts are sent regular 1st class mail through the U.S. Postal Service. We do not provide Express/Overnight mailing service. Requests sent by mail may include card information, check, or money order only. **Please do not send cash.**
6. If you are sending transcripts to different recipients, please submit a transcript request for each recipient.

You may submit this form in the following ways: 1) Submit in-person to the LPC Admissions & Records Office. 2) Mail: Las Positas College Attn: Transcript Request 3000 Campus Hill Drive, Livermore, CA 94551 3) Email: lpc-admissions@laspositascollege.edu (Subject line: Transcript Request) 4) Fax: (925) 606-6437	<div style="text-align: center; color: red; font-weight: bold;">Credit Card Payment VISA OR MASTERCARD ONLY</div> CARD NUM: _____ - _____ - _____ - _____ Expiration Date: _____ 3-Digit (CVV) Code: _____ I authorize Las Positas College to charge my credit card for the following: Amount: \$ _____ Signature <input checked="" type="checkbox"/> _____
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FOR OFFICE USE ONLY

Amount Paid \$ _____	Received By: _____	Date Sent: _____/_____/_____
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