



Las Positas College
 3000 Campus Hill Drive
 Livermore, CA 94551
 Tel: (925) 424-1500
 Fax: (925) 606-6437
 www.laspositascollege.edu

**Office of Admissions & Records
 Building 700**

TRANSCRIPT REQUEST

Date of Request: ____ / ____ / _____

Number of copies requested: _____

Student ID or Social Security Number: _____

Name: _____
Last First Middle

Street Address: _____

City, State, ZIP: _____

Telephone: _____

Birthdate: ____ / ____ / _____

Other name or alias: _____

TYPE OF SERVICE:
 REGULAR RUSH

WHEN SHOULD TRANSCRIPT BE PROCESSED?
(Please indicate semester)

Now *(current semester, not waiting for grades)*

After final grades are recorded for _____ semester

After degree is recorded for _____ semester

After incompletes/grade changes are made for _____ semester

Special Instructions: _____

Send transcript to: *(Please print legibly)* *

Student pick up

Name/Institution: _____

Attn: _____

Address: _____

City, State, Zip: _____

***MUST USE SEPARATE FORMS FOR
 MULTIPLE COLLEGES**

Signature of student authorizing release of transcript: _____ Date: _____

TRANSCRIPT PROCEDURES

1. If you have previously requested two or more transcripts and/or you attended prior to Summer 1994, a fee of \$3.00 for each copy must accompany this request. Payments will be accepted by check or money order, payable to **Las Positas College**. Please do not send cash.
2. **Regular service:** Please allow ten (10) business days for processing – first two are free, each additional is \$3.00.
RUSH service: Please allow two (2) business days for processing; (NOTE: each RUSH transcript is \$10.00 for the first copy and \$3.00 for each additional copy if ordered at the same time).
3. Transcripts will not be issued until all monetary holds are cleared with the Office of Admissions & Records.
4. Las Positas College will forward 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 original sources.
5. *If sending transcripts to different recipients, please use a separate form for each transcript request.

You may also fax this form to (925) 606-6437 with the following information included:

- OR -

Please mail this form (and payment if applicable) to:

VISA / MASTERCARD #: _____

EXP. DATE: _____

**Las Positas College
 Attn: Transcripts
 3000 Campus Hill Drive
 Livermore, CA 94551**

I authorize Las Positas College to charge my credit card for the following amount:
 \$ _____ signed: _____

FOR OFFICE USE ONLY

Amount Paid \$ _____ Received by: _____ Date Sent: _____