



## TRANSCRIPT REQUEST PROCESS AND PROCEDURE FOR FREE TRANSCRIPTS

**READ CAREFULLY BEFORE SUBMITTING THIS FORM**

Las Positas College offers (2) free transcripts for all students. After a student's free services are completed, future transcript orders are placed through Parchment. Access the transcript webpage for details. Free transcripts take (10) business days to process and then sent first class mail through the U.S. Postal Service. Once the transcript leaves our college, it is the responsibility of the USPS to deliver. Mailing is not trackable or guaranteed. Lost transcripts may result in having to request and pay for additional copies. All other services and ordering options including RUSH orders and hold for grades or degrees are only offered through Parchment.

Submit all transcript orders by email to [lpc-admissions@laspositascollege.edu](mailto:lpc-admissions@laspositascollege.edu)

Las Positas College will send a confirmation email once the order is processed. Pick up service is not available for free transcript orders.

Under Provision 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.

### STUDENT INFORMATION

Date of Request: \_\_\_\_\_ Number of Copies: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last Name First Name Middle Name*

Student ID or Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Day of Birth: \_\_\_\_\_

Other Name or Alias: \_\_\_\_\_

Email: \_\_\_\_\_

### PLEASE PRINT COMPLETE DESTINATION ADDRESS LEGIBLY

Name of Institution: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### SIGNATURE OF STUDENT AUTHORIZATION RELEASE OF TRANSCRIPT

Student Signature: \_\_\_\_\_ \*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 be destination listed above and any authorized parties at this destination.

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Send: \_\_\_\_\_