



Los Angeles County

COLLEGE OF NURSING AND ALLIED HEALTH ▶ School of Nursing
▶ Education & Consulting Services
▶ Allied Health Continuing Education

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TRANSCRIPT REQUEST

PLEASE PRINT CLEARLY

Requested By: Last : _____ First: _____ Date of Birth: _____

Requestor's Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Check One: Current Student Graduate Resigned – Date: _____

Name at time of Graduation or Resignation: _____ Class of: _____

Current Employer: _____

Purpose of Request: Personal Employment College/University Scholarship

PAYMENT: (Fee may change without notice).

- Regular: \$5.00 per copy (within 10 business days plus mailing time)
- Rush: \$10.00 per copy (within 1-2 business days plus mailing time)
- **Payable to** the Los Angeles County College of Nursing and Allied Health.
- Payment (check or money order) for transcripts must accompany written request.

Transcript requested in person: Make payment at any LAC+USC Medical Center Cashier Office, bring receipt and transcript request form to the College.

Transcript requested by mail: Send payment and request form to the College at the above address.

Cost: Regular: # copies requested _____ X \$5.00. **Total:** _____

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Transcripts will be processed ONLY when the form is signed by the requestor and requestor has been cleared of financial obligations if any.

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