

## CASA LOMA COLLEGE TRANSCRIPT REQUEST

### Student Information

Current Full Name: \_\_\_\_\_

Former Full Name (*while attending Casa Loma College*) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cell or Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Program Attended \_\_\_\_\_

Date/s of Attendance \_\_\_\_\_

Diploma/Degree Awarded and Date (month/year) \_\_\_\_\_

### College Campus Attended

- Anaheim    Hawthorne    Lakeview Terrace    Los Angeles    Van Nuys    Sonoma College  
 Western Institute of Health

Other \_\_\_\_\_

### Service Options and Fees

Regular Service:    Official # \_\_\_\_\_    Non-Official # \_\_\_\_\_

**\$10.00 fee per Transcript** – *Official or Unofficial. Processed within five to seven (5 – 7) business days of receipt and then mailed first class USPS.*

Expedited Service:    Official # \_\_\_\_\_    Non-Official # \_\_\_\_\_

**\$10.00 fee per Transcript - Official or Unofficial + \$15 expedited charge**

*Processed within three (3) business day of receipt, and then mailed first class USPS.*

### Delivery Options

I will pick up

Send Transcript To: \_\_\_\_\_

To: (*Include institution, agency or organization and individual or department*) \_\_\_\_\_

No. of Copies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that a confidential document will be delivered to this address

**CASA LOMA COLLEGE TRANSCRIPT REQUEST**

Send Transcript To: \_\_\_\_\_ To: *(Include institution, agency or organization and individual or department)*

No. of Copies: \_\_\_\_\_

I acknowledge that a confidential document will be delivered to this address

**Submission Information**

Transcript requests may be submitted:

- In person at Casa Loma College
- By mail to the Office of Student Accounts at either:
  - Casa Loma College, 6725 Kester Ave., Van Nuys, CA 91405
- By FAX to 424.832.5282, attn. Student Accounts
- By email to Student Accounts: [eliza.nalbandian@casalomacollege.edu](mailto:eliza.nalbandian@casalomacollege.edu)

**Payment Method**

- Cash or Money Order: Payable to Casa Loma College *(no checks accepted)*
- Credit Card *(all major credit cards accepted)*

**Signature and Date:**

\_\_\_\_\_  
Signature (*required for release of records*)

\_\_\_\_\_  
Date

**REGISTRAR OFFICE USE ONLY:**

\_\_\_\_\_  
Date Transcript Mailed/Picked Up

\_\_\_\_\_  
Registrar/Official College Official Signature

**STUDENT ACCOUNTS OFFICE USE ONLY:**

\_\_\_\_\_  
Transcript Request Received By      Date

\_\_\_\_\_  
Date Payment Received

\_\_\_\_\_  
Transcript Approved to Process

\_\_\_\_\_  
Date of Approval

## CASA LOMA COLLEGE TRANSCRIPT REQUEST

**Please read the following:**

1. Transcript request are received Monday through Friday, 8:00 AM to 5:00 PM
2. Transcripts requested after 3:00 PM will not begin processing until the following business day
3. Your account must be cleared of all holds before your request can be processed
4. Fees for transcripts are the same for official or unofficial transcripts
5. Once your transcript request has been processed there are no cancelations or refunds
6. Failure to complete any of the above fields may delay or prevent your request from being processed, or failure to include payment with your request.
7. Only coursework completed at Casa Loma College will appear on your transcripts
8. Casa Loma College cannot provide copies of transcripts from other high schools, colleges attended etc.

### CREDIT CARD PAYMENT FORM:

*Use this form for transcript requests only. Not to be used for any other payment.*

Student Name: \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Email Address \_\_\_\_\_

Cardholder Phone No. \_\_\_\_\_

I, (name) \_\_\_\_\_ authorize Casa Loma College to charge  
\$ \_\_\_\_\_ to the following credit card account.

Signature (*required for authorization of purchase*) \_\_\_\_\_

Date \_\_\_\_\_

Type of Card (check one)     MasterCard     VISA     AMEX     Discover

Credit Card Billing Address:

Address                      Apt #                      City                      State                      Zip Code

Expiration Date (MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CVV Number: \_\_\_\_\_