



### Transcript Request Form

Form may be downloaded and completed

#### Information & Instructions:

1. Transcript requests are received Monday through Friday from 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. Once your transcript request has been processed there are no cancellations or refunds.
5. Failure to complete the form correctly or include payment will delay processing of your request.
6. **Transcript requests may be submitted:**
  - By fax to 424-832-5282, Attention: Student Accounts
  - By email to Student Accounts: [eliza.nalbandian@casalomacollege.edu](mailto:eliza.nalbandian@casalomacollege.edu)
  - By mail or in person: Student Accounts, Casa Loma College, 6725 Kester Ave., Van Nuys, CA 91405
7. **Fees & Payment Methods:**
  - Fees are \$10 each for official & unofficial transcripts. There is an additional \$15 for expedited requests.
  - Cash, credit card (*all major credit cards*), or money order payable to Casa Loma College (*no personal checks*)

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

Name(s) as you were enrolled: \_\_\_\_\_

Full Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ DOB (mm/dd): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Program(s): \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

|         |         |         |         |                |                             |
|---------|---------|---------|---------|----------------|-----------------------------|
| Campus: | CLC VAN | CLC HAW | CLC ANA | Sonoma College | Western Institute of Health |
|---------|---------|---------|---------|----------------|-----------------------------|

|                               |                                 |                  |                   |
|-------------------------------|---------------------------------|------------------|-------------------|
| No. of Official Copies: _____ | No. of Unofficial Copies: _____ | Standard Request | Expedited Request |
|-------------------------------|---------------------------------|------------------|-------------------|

|  |        |      |
|--|--------|------|
| Mail Service Options: (Check one box only) | Pickup | Mail |
|--|--------|------|

Complete address where you want transcript(s) mailed to:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT ACCOUNTS USE ONLY:** \_\_\_\_\_

|                                |                                   |
|--------------------------------|-----------------------------------|
| Transcript Approved to Process | Date of Approval/Payment Received |
|--------------------------------|-----------------------------------|

#### REGISTRAR OFFICE USE ONLY:

Transcript Mailed

Ready for Pick Up

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



**Transcript Request Form**

**Credit Card Payment Form** *(transcript requests only)*

**Reminder:** Transcripts are \$10 each for official or unofficial copy. Expedited requests are charged an additional \$15.

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

**Cardholder Name:** \_\_\_\_\_

**Cardholder Email:** \_\_\_\_\_

**Cardholder Phone:** \_\_\_\_\_

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

**Card Type:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **CVV#:** \_\_\_\_\_

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

**Credit Card Billing Address:**

**Card Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_