Transcript Office 3041 West Avenue K Lancaster, California 93536-5426 (661) 722-6300, ext. 6130 www.avc.edu



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AVC Transcript Only

For Office Use Only

Date Completed

- 1. The first two official transcripts are FREE. All future requests have a per copy fee.
- 2. Please complete ALL information on the transcript request form.
- 3. Submit one request for each mailing address. **STUDENT IS RESPONSIBLE FOR THE CORRECT ADDRESS**. (Allow 7-10 working days for processing)
- 4. Requests being held for current semester grades will be mailed within approximately one month after the end of the semester.
- 5. Student records are confidential. Transcripts will be issued only at the written request of the student.
- 6. A current picture ID is required for pick up.

	Social Security Number (or Student ID Number)	Current Last Name	First Nam	e MI	Previous Names
	Number of copies requested	Date of Birth	Current	Phone Number	
	Are you currently enrolled at AVC?	Current Street Address	5		
	Approximate dates of attendance (example: 2001-2004)	City, State, Zip Code			
	Student's Signature			Today's Date	
	Send record now		Send after current	semester grades are r	ecorded
	Wait until degree is posted (6-8 weeks after the end of	the term)	To be picked up		
	CERTIFICATION				
	CSU Certification (Californ		nnscript directly to the u	niversity within the C	
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