



TRANSCRIPT REQUEST

Transcript Office
3041 West Ave. K
Lancaster, CA 93536-5426
(661) 722-6300 Ext. 6130
www.avc.edu

Last Name _____ First Name _____ MI _____

Student ID# _____ Date of Birth _____

Prior Name(s) Used _____

Processing Instructions:

Pick Up Send now Hold for grades Hold for degree

Transcript to be mailed to:

Student must provide exact mailing address - Please print clearly

DO NOT complete the below address if you plan to pick up transcripts.

Name _____

Address _____

Signature _____ Date _____

TRANSCRIPT FEES

Transcript Copies and Fees: \$1.00 per copy (first two copies are free)

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Fees: 1.00 x _____ copies = \$ _____

Home Phone _____ Work Phone _____

Email _____ From _____ To _____
Date of Attendance _____

Student's Mailing Address _____

Certification

Certification is sent directly to a university.

Hold for IGETC Hold for CSU-GE

Allow 2-3 weeks after the end of semester for grades to be posted on transcripts

OFFICE USE ONLY

_____ \$ _____
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