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



OFFICIAL TRANSCRIPT REQUEST

	NOTE: If you used your two (2) f your transcript on Parchment.	ree transcripts, do NOT submit	the Transcript Request form as yo	ur order will not	be processed. Please order
	2. Please complete ALL into 3. Submit one request for ea (Allow 3-5 working days 4. Requests being held for o	Cormation on the transcript reach mailing address. STUDE of for processing) current semester grades will	nscripts. Thereafter, all future request form. CNT IS RESPONSIBLE FOR the mailed within approximate assued only at the written request.	R THE CORRI	ECT ADDRESS. Iter the end of the semester.
MI	Social Security Number (or Student ID Number)	Current Last Name	First Name	MI	Previous Names
	Number of copies requested	Date of Birth	Current Phone Nur	mber	
First Name	Are you currently enrolled at AVC?	Current Street Address			
	Approximate dates of attendance (example: 2001-2004)	City, State, Zip Code			
	Student's SignatureToday's Date				
	Send record now	Wait until degree is posted (6-8 weeks after the end of		current semeste	r grades are recorded
Last Name	CERTIFICATION CSU Certification (Californ A certification is a separate form certification identifies completed take unnecessary lower division pleted and the transcript is being cation:	vithout having to ts have been com-			
Las	Name and Address of where transcript(s) are to be sent: The STUDENT is responsible for the correct address.				
	Keep address within the	box and on the lines pro	vided. For accurate proce	ssing, please	print clearly.