

# OFFICIAL TRANSCRIPT REQUEST FORM

**Regular Processing Fee = \$6.00 per transcript (10-14 Business Days)**  
**\*\*\*All pending fees must be cleared prior to submitting this request\*\*\***

Office of the Registrar  
 18618 Oxnard Street, Los Angeles, CA 91356  
 818.345.8879 • tolovera@columbiacollege.edu

**COMPLETE ALL FIELDS BELOW and PLEASE PRINT LEGIBLY**

LAST NAME:	FIRST NAME:	MI:	STUDENT ID #:
ADDRESS:			
CITY:	STATE:	ZIP CODE:	DATE OF BIRTH: ( MM/DD/YYYY )
MAIDEN or OTHER NAMES:	Grad Date or Date of Attendance:	EMAIL ADDRESS:	
STUDENT'S SIGNATURE & TODAY'S DATE: (Unable to process if missing signature)		PHONE NUMBER:	
<b>X</b>			
I understand that: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. Transcripts can only be released to third party with an Authorization to Release Information Form signed by the student (per transaction). I understand that: We do not hold transcripts for grades, petitions or graduation. It is my responsibility to ensure that all grades are posted and any petitions approved and noted on my record prior to submitting this request.			

I am requesting \_\_\_\_\_ transcript(s) to be **MAILED** to my home address above.

AND / OR

I am requesting \_\_\_\_\_ transcript(s) to be **MAILED** to the following address(es):

To _____ Attn _____ Address _____ _____	To _____ Attn _____ Address _____ _____
To _____ Attn _____ Address _____ _____	To _____ Attn _____ Address _____ _____

I am requesting \_\_\_\_\_ transcript(s) to be picked up

Accounting Office Use Only	Registrar's Office Use Only
Date Cleared _____ Date Fee Paid _____ Cleared By _____	Date Received _____ Date Processed _____ Processed By _____ Date Mailed _____