



LONG BEACH  
CITY COLLEGE

# TRANSCRIPT REQUEST

ADMISSIONS AND RECORDS

**IMPORTANT:** Students use this form if they need to obtain the two (2) free transcripts provided by Long Beach City College or same day service. After the first two copies, fees apply. Review all your information to make sure that it is correct before submitting this form in-person LAC, A-1075 or PCC, GG-102 or via email to [admissions@lbcc.edu](mailto:admissions@lbcc.edu).

**Same Day Service Transcript Request:** \$10 per copy. This option does not apply to free transcripts or transcripts that include coursework taken prior to Fall 1984. Note: The same day service option is only available in person\*\*\*

## STUDENT SECTION ►

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER NAMES USED AT LBCC: \_\_\_\_\_

DATES OF ATTENDANCE: From: \_\_\_\_\_ To: \_\_\_\_\_

*I hereby grant permission for LBCC to release all permanent transcripts records as per the Family Rights and Privacy Act (FERPA).*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## MAIL TRANSCRIPTS TO ► Student is responsible for correct mailing address.

Number of Copies: _____ Same Day Pick-Up: <input type="checkbox"/>		
Name: _____		
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### OFFICE USE ONLY

Admissions & Records:

Quantity: \_\_\_\_\_ X \$10.00 Total: \_\_\_\_\_

A&R Initials: \_\_\_\_\_

Date Received: \_\_\_\_\_

Cashier's Office:

Amount Paid: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date & Initials: \_\_\_\_\_