



TRANSCRIPT REQUEST FORM
Please print clearly

Last Name _____ First Name _____

SSN# _____ DOB _____

Dates of attendance (Term/Year) _____ How many copies you need: _____

Current Address _____

City, State, Zip _____

Cell phone# _____ House phone# _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), we must have signature in order to release your transcripts.

Signature _____ Date _____

Note: IT IS THE STUDENT'S RESPONSIBILITY TO FURNISH A CORRECT AND COMPLETE ADDRESS

Please allow 7 – 10 business days processing time for official transcripts after receipt of this form.

How would you like your transcripts?

Email to: _____ **Faxed to:** _____

To be picked up by student at a later date (please allow one week for processing).

Mailed to: (please provide information about recipient of the transcript)

Name of Institution _____

Department _____

Address _____

City _____ State _____ Zip code _____

If requesting by mail, online or by fax send your Transcript Request Form to:

Spartan College of Aeronautics and Technology
Attention Office of the Registrar
8911 Aviation Blvd
Inglewood CA 90301
Phone: 310-579-9471
Fax: 310-642-3717
Jadah.Fort@spartan.edu

<p>Office Use Only:</p> <p>Processed on (date): _____</p> <p>Registrar Initials: _____</p>
