

TRANSCRIPT REQUEST FORM
Please Complete Request in Full and Print Clearly

Last Name _____ First Name _____

Last 4 of SSN _____ DOB _____

Current Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ Home Phone # _____

All Financial Obligations to Spartan College must be met before an Official Transcript(s) will be issued

PAYMENT METHOD			
CREDIT CARD:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX
CARD # _____	EXPIRATION DATE: _____	CVC # _____	
<input type="checkbox"/> CHECK/MO (Payable to Spartan College)	<input type="checkbox"/> CASH	AMOUNT \$: _____	

Dates of Attendance (Term/Year) _____ How many copies: _____

Signature _____ Date _____

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

Name of Institution/Requestor _____

Department/Attention _____

Address _____

City _____ State _____ Zip Code _____

**Please note that no transcript will be issued to any student whose financial obligations to the College have not been satisfied * Allow 7-10 business days from the date of receipt of this form to process this request * It is the Student's responsibility to furnish a current, correct, and complete address **

How would you like your transcripts?

- Email:** (Address) _____ @ _____
- Mailed to:** (Send to the Institution/Requestor address listed above)
- Student Pick-up**

If requesting by mail or email, please send your Transcript Request Form to:

Spartan College
Attention Office of the Registrar
8911 Aviation Blvd
Inglewood, CA 90301
Fax: 310 642-3717
Mariana.Sauri@spartan.edu

Office Use Only:

Processed on (date): _____

Registrar Initials: _____