

**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) \_\_\_\_\_ @ \_\_\_\_\_  
*All transcripts sent via email will be unofficial, official transcripts can only be mailed or pick-up by the student*
- 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](mailto:Mariana.Sauri@spartan.edu)

***Office Use Only:***

Processed on (date): \_\_\_\_\_

Registrar Initials: \_\_\_\_\_