



UNIVERSITY OF LA VERNE

PROFESSIONAL DEVELOPMENT CENTER

Please return this form and transcript payment (**check, money order or cashier's check**) with your completed course work OR, if coursework has already been returned, mail to:

University of La Verne • Professional Development Office
4121 Avenida de la Plata Oceanside, CA 92056 • Phone: (800) 793-6533

TRANSCRIPT REQUEST FORM

STUDENT INFORMATION

First Name _____ M.I. _____ Last Name _____

Former/Maiden Name(s) (if applicable) _____

Home Address _____ City _____ State _____ Zip Code _____

ULV Student ID # _____ Date of Birth ____/____/____ Daytime Phone # _____

PROCESS TRANSCRIPT (Check One Box)

- Process Transcript(s):**
- Now - I have completed and submitted all of my courses
 - Now - although I have not completed all of my courses
 - After all of my courses are graded. Date last course submitted _____

Number of courses that should be on transcript: _____

TRANSCRIPTS COSTS AND RESPONSE TIME OPTIONS

- Pay \$6 per copy. Please allow about three weeks from the date we receive your complete course materials.
- Pay \$15 and **ONE** transcript will be processed within one (1) business day, & sent via first class regular mail, after the course is graded AND the grade is recorded. Additional transcripts are \$15 each.

EXPEDITED TRANSCRIPT Available only through MyLaVerne. Pay \$40 and **ONE** transcript will be sent via overnight delivery (FedEx fee is already included) within one (1) business day. Please be sure to verify your grade(s) have been posted before proceeding with your online order.

WHERE TO SEND TRANSCRIPTS? (Each transcript is individually sealed)

****PLEASE PRINT LEGIBLY****

1. Send _____ copy/copies to the following:

Name and/or Business _____ Attn: _____

Address _____ City _____ State _____ Zip Code _____

2. Send _____ copy/copies to the following:

Name and/or Business _____ Attn: _____

Address _____ City _____ State _____ Zip Code _____

***Note: Student is responsible for complete mailing address, including zip code*

Student's Signature REQUIRED _____ **Date** _____

I am enclosing a check payable to the University of La Verne Check # _____