



UNIVERSITY OF LA VERNE

PROFESSIONAL DEVELOPMENT CENTER 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 sent within one (1) business day, via first class mail, after the course is graded AND the grade is recorded. Additional transcripts are \$15 each.
- Pay \$40 and **ONE** transcript will be sent via overnight delivery (FedEx fee is already included) within one (1) business day, after the course is graded AND the grade is recorded. Additional transcripts are \$15 each, only if mailed to the same address.

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 # _____

Please return this form and transcript payment with your completed course work OR, if coursework has already been returned, mail to:
University of La Verne
Professional Development Office
PO BOX 5196 Oceanside, CA 92052

University of La Verne • Professional Development Office
PO BOX 5196 Oceanside, CA 92052 • Phone: (800) 793-6533 • Fax: (760) 643-1666

FILL IN THIS SECTION IF PAYMENT IS WITH A CREDIT CARD

Student's Last Name _____ Student's First Name _____ Phone # _____

Discover Visa MC AMEX ULV ID # _____ Amt Paid \$ _____

Credit Card #: _____ - _____ - _____ - _____ Exp.: ____/____

Cardholder's Last Name _____ Cardholder's First Name _____

Cardholder's Signature _____ Date _____

<p><u>FOR OFFICE USE ONLY</u></p> <p>13010001-4120: \$ _____</p> <p>13010001-4999: \$ _____</p>
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