Transcript Request

Enrollment Services

phone 626.396.2314 fax 626.396.2209

ormation Last Name,	ı	First Name	Student ID	Major	
L Birthdate		Phone No.	E-mail Address		
nt Status Currently	Enrolled Not En	rolled/Graduated(Public Programs (Art Center for Kids,	Saturday High, Art Center @ Night)	
Request of Cours	os takon nrior	to 1086 ma	y require additional proce	ossina timo	
per copy	•		lergraduate Graduate	Public Programs	
) per copy.	esting	Copies of OFFIC	IAL TRANSCRIPTS (\$5.00 per copy)		
of \$15.00 I am requ	I am requesting Copies of Unofficial Transcripts (\$2.00 per copy)				
Jaranteed I will pick	-up the transcripts				
24 hours. 24–hour	24-hour rush request \$15.00 fee (mailed out next business day by United States Postal Service First Class mail)				
00 applies Standard	Standard Overnight FedEx \$25.00 fee (request MUST be received by 12:00 PM Pacific Time)				
g address.	nail to the following ac	ddress:			
e must be					
Enrollment by 12 noon					
cific Time.					
O Hold for o	current semester grad	des.			
Payment Hold until	O Hold until completed degree is on transcript.				
Cash					
Check / M	Money Order (Payable	e to: Art Center or	ACCD)		
Credit Ca		Credit	Cord #	Eva Data	
	Туре	Credit	Calu #	Exp. Date	
	3 Digit Co	ode located on bac	k of credit card		
	Billing add	dress of credit card	l holder		
Signature -		arede or ordan care	11000		
J. J				Data	
	umni Release (Fede	eral law requires the p	physical signature for release of information)	Date	
	umni Release (Fede	eral law requires the p	physical signature for release of information)	Date	

For Office Use Only	Holds on Account:	Cash/Check:	Amount Paid:
	Number of Copies:	Date Sent:	