



ITV / The Weekend College

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 FIRST TWO REGULAR TRANSCRIPTS REQUESTED.

Mailing Address:
 Instructional Television / LAMC
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Transcript Request

LAST NAME		FIRST NAME	MIDDLE INITIAL (M.I.)
DAY PHONE ()	EVE PHONE ()	BIRTH DATE	STUDENT ID
CHECK IF YOU WISH TRANSCRIPT HELD: <input type="checkbox"/> For FINAL GRADES of <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> until INCOMPLETE or GRADE CHANGE is completed.		REGULAR PROCESSING (\$3 EACH) No. of copies _____ 5-7 Business days RUSH PROCESSING (\$10 EACH) No. of copies _____ 1 Business day	
SIGNATURE			DATE
FOR CREDIT CARD PAYMENTS: I AUTHORIZE ITV TO CHARGE MY CREDIT CARD. Credit Card no. _____ Expiration Date: _____ Amount: \$ _____			
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MAIL TRANSCRIPT TO STUDENT		
LAST NAME	FIRST NAME	MI
ADDRESS		
CITY	STATE	ZIP CODE

MAIL TRANSCRIPT TO COLLEGE / INSTITUTION		
<input type="checkbox"/> PLEASE ATTACH TO THE TRANSCRIPT THE ENCLOSED FORM PROVIDED BY MY SCHOOL		
NAME OF COLLEGE / INSTITUTION		
NAME OF OFFICE / PERSON TO BE MAILED TO		
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CITY	STATE	ZIP CODE

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