



4900 Golden Avenue, Riverside, CA 92505
(951) 351-1445

TRANSCRIPT REQUEST

Student Name: _____
Last/Maiden First

Address: _____

Cell Phone: _____ Last Year Attended or Graduated: _____

- Unofficial Transcript \$ 1.00 = ____ Qty
- Official Transcript \$ 3.00 = ____ Qty
- Official Rush Transcript \$20.00= ____ Qty
- Official FAX Transcript (Dom) \$ 5.00 = ____ Qty
- Official FAX Transcript (Int) \$10.00 = ____ Qty
- Official Int. Rush Transcript \$20 + FedEx fee \$ _____ Total

Total owed:\$ _____

Send transcript to the following:

Institution/Name _____

Use back side to list more institutions

Address _____

Reason for Request _____

I give La Sierra Academy permission to release my transcript to the institution or person named above.

Signature _____ Date _____



OFFICE USE ONLY

BUSINESS OFFICE

Financial Clearance: Yes No

Payment Received by: _____ \$ _____

REGISTRAR'S OFFICE

Date Sent: _____