Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH
1237 North Mission Road, Los Angeles, California 90033
▶School of Nursing
▶Allied Health Continuing Education
(323) 409-5911
collegeofnursing@dhs.lacounty.gov

# TRANSCRIPT REQUEST

**PLEASE PRINT CLEARLY**

Requested By: Last :_____ First:_____ Date of Birth: _____

Requestor's Address: _____ E-Mail: _____

City: _____ State: ____ Zip Code: _____ Telephone Number: _____

Check One: ☐ Current Student ☐ Graduate ☐ Resigned – Date:_____

Name at time of Graduation or Resignation: _____ Class of:_____

Current Employer: _____

Purpose of Request: ☐ Personal ☐ Employment ☐ College/University ☐ Scholarship

**PAYMENT: (**Fee may change without notice).

§ Regular processing: $10.00 per copy (10 business days). Does not include mailing time.
§ Rush processing: $20.00 per copy (1-2 business days). Does not include mailing time.
§ **Payable to** the Los Angeles County College of Nursing and Allied Health.
§ Payment (check or money order) for transcripts must accompany written request.

**Transcript requested in person:** Make payment at any Los Angeles General Medical Center Cashier Office, bring receipt and transcript request form to the College.
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Revised: 11/2012, 01/2013, 07/2013, 09/2019, 02/2023