



## Transcript Request

### **PROGRAM**

General Education Induction  
 Special Education Clear Induction  
 District Intern Program  
 Autism Added Authorization  
 Early Childhood Special Education Added Authorization

*Cashier's Check or Money Order: payable to LACOE*

**Regular** \$10.00 each (within 10 business days)

**Additional Copy:** \$5.00 each

**Unofficial Copy:** \$5.00 each

**Rush:** \$15.00 for one copy, \$5.00 for additional copies if sent to the same address (3-5 business days)

### **Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle : \_\_\_\_\_

Previous Name(s) if any: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I understand that my signature authorizes the release of my academic records.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### **Options for Delivery**

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student pick up:  
No. of copies: \_\_\_\_\_

No. of copies: \_\_\_\_\_

*Transcripts will be held for 30 days and then destroyed. No refunds.*



**Los Angeles County  
Office of Education**

Serving Students • Supporting Communities • Leading Educators

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