

Transcript Request Form

This is an electronic form and can be filled out on your computer and then printed. Simply click on the Last name line and start typing, use your tab button to move to the next line. Please fill in all requested information. **Any outstanding obligation to the College must be met prior to the release of cZVU fUbgW]dlg.**

Last Name: _____

Last Name (if different when you attended Otis): _____

First Name: _____ Middle Name: _____

Dates of Attendance (approximate OK): _____

Birth Date: _____ Student ID or Social Security number: _____

Current Street Address: _____

Current City, State, Zip: _____

Phone Numbers: Cell: _____ Home: _____ Work: _____

Signature: _____ **Email Address:** _____

Yes No If currently enrolled, should we hold for final grades or grade change?

Send Transcript To:

Name or Office: _____

Address: _____

Address (con't.): _____

City, State, Zip: _____

Attention: _____

Please select your preference for processing time:

- \$0 fee = Un-official
- \$5 fee = 5 business days
- \$25 fee = 24 hour processing

Send Transcript To:

Name or Office: _____

Address: _____

Address (con't.): _____

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Attention: _____

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Please select your preference for processing time:

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- \$25 fee = 24 hour processing

Total # of Transcripts requested _____

Total Enclosed \$ _____

Visa or MC: _____ Card Number: _____ Exp Date: _____

Please make check payable to: **Otis College of Art and Design**

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Mail this form and a check to: Registration Office
Otis College of Art and Design
9045 Lincoln Blvd.
Los Angeles, CA. 90045

Fax: 310-665-6956

Email the form to: registration@otis.edu