



1201 WEST FIFTH STREET  
SUITE F-10  
LOS ANGELES, CA 90017  
PHONE: 310.622.4136  
FAX: 310.622.4138

## TRANSCRIPT REQUEST FORM

OFFICIAL      UNOFFICIAL

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name or Maiden Name used while in attendance

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date of Birth

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Graduation Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Copies are \$20.00 for each transcript request. Make checks payable to **Relativity School**. Official transcripts\* can be sent to a student directly, another school or employer. Students may receive an unofficial copy of their transcript at no cost. Transcripts being sent outside of the US will incur additional mailing expense. Transcripts sent via Express Mail or FedEx will incur an additional charge.

Please send \_\_\_\_\_ transcripts to the address below.

### Mail Transcript to:

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\* Official Transcripts are available only to students/graduates who have satisfied their Financial Obligations to Relativity School. Please see Relativity School's policy on Student Records Maintenance at [relativitieschool.org/catalog/](http://relativitieschool.org/catalog/) for more information.