

**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

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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](mailto:registration@otis.edu)