



# La Cañada Flintridge Educational Foundation Summer School Transcript Request Form

Date of Request: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

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

Course(s): \_\_\_\_\_

Full Name of School/College/University, Person or Business to receive the transcript:

\_\_\_\_\_

To whom should the transcript be addressed? This is often a counselor or registrar.

\_\_\_\_\_

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

\_\_\_\_\_

The transcript will contain the following information: course titles, grades and credits earned. By completing this form, I request that LCFEF Summer School mail a transcript of the student's completed summer coursework to the school, person or business indicated above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(Required if student is under 18 years of age)

\_\_\_\_\_  
Date