

# REQUEST FOR TRANSCRIPT

If you want to request a copy of your transcript please stop by the **Counseling Office (Monday-Friday 7:00 am - 4:00 pm)** to pick up and fill out a Transcript Request form.

Paradise Printing, Inc.

DATE

For Office Use  
Request checked by:

(PRINT) LAST NAME FIRST MIDDLE

BIRTH DATE GRADUATION DATE

I request that the following  
 PRELIMINARY  FINAL transcripts of my  
high school record be sent to the school named below:

Pick-Up Date:

COLLEGE OR UNIVERSITY

STREET ADDRESS

CITY STATE ZIP

**Phone Number :**

SIGNATURE

**REQUEST FOR TRANSCRIPT**  
LOS ANGELES UNIFIED SCHOOL DISTRICT FORM 34-H-10 REV 9/82 STK. NO. 9661222095

If you are no longer a Marshall Student, there is a **non-refundable \$10 Cash-Only Fee per-copy** and it takes **5 business days** to receive your transcripts. However, if your graduation year was before 2002, you have to call the Counseling Office at (323) 671-1410 and ask for your record #.