



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:

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