

CITY OF ANGELS SCHOOL RECORDS REQUEST GUIDE

When a transcript is needed, please contact the correct person below.

Grades 6-10 w/ Last Name: A-L Sonie del Rosario

Grades 6-10 w/ Last Name: M-Z Angela Green

Grades 11-12 w/ Last Name: A-L Maria Morales

Grades 11-12 W/Last Name: M-Z Constance Lockhart

To request a transcript, fax or mail the request to:

Mailing Address : City of Angels School
Attn:
1449 So. San Pedro Street
Los Angeles, CA 90015

Fax Number: (213) 742-9605 or (213) 746-7175

Active students please obtain a transcript request form from your teacher and complete all the necessary information. Active students do not get charged for official or unofficial records.

If transferring to an LAUSD school, that school will request your records.

Active graduating students are allowed one free official and unofficial transcript upon graduation; all subsequent transcripts thereafter and inactive students are required to pay a fee as follows:

Official transcript is \$5.00. Unofficial transcript is \$4.00 in the form of cash or money order, made payable to City of Angels School. **Personal checks are not accepted.**

NOTE:

If you are requesting transcripts prior to the year 1997 you need to contact Student Records Unit or visit www.lausd.net. Transcript requests may be made across-the-counter or by mail. Details are found on www.lausd.net and under How do I..., and select the Transcripts link The procedures, Official Transcript Request Form, and Price List are included and may be viewed and downloaded. If you have questions, please call Student Records Unit at (323) 224-5950 or Fax at (323) 244-5951.

CITY OF ANGELS SCHOOL TRANSCRIPT REQUEST

Please fax your request to one of the following assistants:

Grades 6 - 10 w/Last Name: A - L	Sonia del Rosario
Grades 6 - 10 w/Last Name: M - Z	Angela Green
Grades 11 - 12 w/Last Name: A - L	Maria Morales
Grades 11 - 12 w/Last Name: M - Z	Constance Lockhart

I am requesting an official/unofficial transcript. Below is all of the requested information.

NAME:

GRADE:

DATE OF BIRTH:

TEACHER/SITE:

LAST YEAR OF ATTENDANCE:

HOME ADDRESS:

TELEPHONE NUMBER:

SEND TRANSCRIPT TO:

CHECK ONE: OFFICIAL UNOFFICIAL

Parent Signature
(if student is under 18)

Student Signature
(if student is over 18)