



Los Angeles Unified School District

**City of Angels School**

221 S. Eastman Avenue, Los Angeles, CA 90063

Telephone: (323) 415-8350 Fax: (323) 261-1001

**Michelle King**  
Superintendent of Schools

**Dr. Vince Carbino**  
Principal

**REQUEST FOR TRANSCRIPT**  
**Please allow 3 business days for processing**

**STUDENT INFORMATION:**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
As registered at school

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
Street, City, and Zip Code

**Current Grade:** \_\_\_\_\_ **or** **Last year of attendance:** \_\_\_\_\_

If you were here *BEFORE* 2008, contact Student Records at 323-224-5950  
(Email [transcripts@lausd.net](mailto:transcripts@lausd.net))

**TYPE OF TRANSCRIPT:**

\_\_\_\_\_ **Official Transcript**                      \_\_\_\_\_ **Unofficial Transcript**

**Please specify reason for transcript:**

Mail to higher education \_\_\_\_\_ Dream Act \_\_\_\_\_ Change of School \_\_\_\_\_

Personal \_\_\_\_\_

**DISTRIBUTION:**

\_\_\_\_\_ I will pick up at COA Admin Hub located at **221 S. Eastman Avenue**

\_\_\_\_\_ Please mail/fax to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include a copy of valid photo identification. **Request will not be processed without proper identification submitted.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_