Los Angeles County
COLLEGE OF NURSING AND ALLIED HEALTH
1237 North Mission Road, Los Angeles, California 90033
▶School of Nursing
▶Allied Health Continuing Education
(323) 409-5911
collegeofnursing@dhs.lacounty.gov

TRANSCRIPT REQUEST

PLEASE PRINT CLEARLY

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Requestor's Address: _____ E-Mail: _____

City: _____ State: ____ Zip Code: _____ Telephone Number: _____

Check One: ☐ Current Student ☐ Graduate ☐ Resigned – Date:_____

Name at time of Graduation or Resignation: _____ Class of:_____

Current Employer: _____

Purpose of Request: ☐ Personal ☐ Employment ☐ College/University ☐ Scholarship

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Revised: 11/2012; 01/2013; 07/2013; 09/2019