



The Weekend College

Transcript Request

Mailing Address

ITV/THE WEEKEND COLLEGE
 13356 Eldridge Avenue
 Sylmar, CA 91342
 Phone: (818) 833-3594
 Fax: (818) 833-3598

INCOMPLETE REQUESTS CANNOT BE PROCESSED
 REGULAR TIME TO PROCESS IS 5-7 DAYS.
 RUSH REQUESTS ARE PROCESSED WITHIN 1 BUSINESS DAY.
 PAYMENTS MUST ACCOMPANY REQUEST.

Business Office Only

Initials _____ Date Paid _____

Amount Paid _____

Pmt. Type: CA CK CD

LAST NAME		FIRST NAME	MIDDLE INITIAL(M.I.)
DAY PHONE () ()	EVENING PHONE () ()	BIRTH DATE	STUDENT ID

Check if you wish to have your transcripts held: <input type="checkbox"/> For Final Grades of: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Hold until INCOMPLETE or GRADE CHANGE is completed	REGULAR PROCESSING (\$3 EACH) No. of copies _____ 5-7 Business days	ITV School Codes: For classes completed prior to 2003 001223 For classes completed after 1-1-2003 012550
	RUSH PROCESSING (\$10 EACH) No. of copies _____ 1 Business day	

SIGNATURE	DATE
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FOR CREDIT CARD PAYMENTS: I AUTHORIZE ITV TO CHARGE MY CREDIT CARD.

Credit Card no. _____ CVC _____ Expiration Date: _____ Amount: \$ _____

FOR CHECK PAYMENTS: Make check or money order payable to ITV, write student ID number on the check and mail with this form.

CHECK PAYMENT DISCLAIMER
 When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account as soon as the same day and you will not receive the check back from your financial institution. If your payment is returned due to insufficient funds, you authorize us to make a one-time electronic fund transfer from your account to collect a fee as allowed by state law or ITV may assess \$10.00 returned check fee and place a hold on your academic record until the returned fee and the amount of the returned check are paid.

I REJECT PROCESSING MY CHECK ELECTRONICALLY, DEPOSIT MY CHECK USING THE TRADITIONAL PAPER PROCESS.

MAIL TO STUDENT		
LAST NAME	FIRST NAME	MI
ADDRESS		
CITY	STATE	ZIP CODE

MAIL TO COLLEGE / INSTITUTION		
COLLEGE / INSTITUTION		
OFFICE / PERSON TO BE MAILED TO		
ADDRESS		
CITY	STATE	ZIP CODE

OFFICE USE ONLY
Hold: _____ Number sent: _____ Date sent: _____