Book transfer document:

**Textbook Transfer Request form for WLAC College Store**

**Transfers may only occur from within any of LACCD College Store’s.**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transferring campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Shipping address: Email address: |
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Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject #: \_\_\_\_\_\_\_\_\_\_ Section #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ISBN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By emailing this document to onlinebookstore@laccd.edu , I agree to the terms and conditions listed below:

⎯ I acknowledge that the WLAC College Store will charge my account upon receipt of this request. No refunds are allowed after the charge has occurred.

⎯ I acknowledge the process may take up to two weeks after the request is emailed in.

⎯ Failure to comply with transfer requirements will exclude me from requesting books in subsequent semesters.

⎯ The college store will ship out to me at my expense.

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Semester Date

REVISED 12/14/20