

Book transfer document:

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

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

Student name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Phone number: \_\_\_\_\_ Transferring campus: \_\_\_\_\_

Shipping address: \_\_\_\_\_ Email address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subject: \_\_\_\_\_ Subject #: \_\_\_\_\_ Section #: \_\_\_\_\_

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

Subject: \_\_\_\_\_ Subject #: \_\_\_\_\_ Section #: \_\_\_\_\_

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

Subject: \_\_\_\_\_ Subject #: \_\_\_\_\_ Section #: \_\_\_\_\_

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

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

- I acknowledge that the LAHC 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date