

## Request for Transcript

**Fill out one request form for each address a transcript will be mailed to.**

### 1. Student's Information

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.			
Last name	First name	Middle	Maiden
Street Address			
City	State	Zip/Postal code	Country
Date of Birth	<b>Student ID and/or Social Security#</b>		E-Mail Address
Phone (day)	Phone (message)		
Are you currently enrolled at CSUF? <input type="checkbox"/> Yes <input type="checkbox"/> No - <b>If no, fill-in the last date of attendance</b>			
Semester _____ Year _____			

### 2. When should we process this transcript request?

Send Now: <input type="checkbox"/>	Specify the semester:
Send after grades are posted: <input type="checkbox"/>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
Send after degree is posted: <input type="checkbox"/>	<input type="checkbox"/> Summer Session
Send after incomplete or grade change is posted: <input type="checkbox"/>	Specify the degree:
	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's Date of Degree _____
For which course? _____ Semester: _____	mm/yy

### 3. Transcript type and distribution instructions:

Transcript Type	Quantity	Deliver to:
<input type="checkbox"/> Sealed; official copy	_____	
<input type="checkbox"/> Student copy (unofficial)	_____	

### 4. Transcript Fees:

The fee per single official transcript is \$4.00. Additional transcripts prepared at the same time up to ten (10) are \$2.00 each. Attach additional request forms for multiple addresses. Enclose your check or money order made out to California State University, Fresno. **Requests cannot be processed without payment.**

### 5. Signature: Please sign in the box below. Order will not be processed without signature.

Date: _____
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**For office use only**

Date Transcript Sent: _____	Fee: _____	By: _____	Fee Paid: _____	By: _____	Receipt No: _____
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