

**California State University, Fresno**  
 Transcripts Office (559) 278-4743  
 5150 N. Maple Ave MS:JA57  
 Fresno, CA 93740-8026

## 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	Student ID	e-mail address	
Phone (day)	Phone (evening)		
Are you currently enrolled at CSUF? <input type="checkbox"/> Yes <input type="checkbox"/> No. -- If No, fill-in the last date of attendance			
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 <input type="checkbox"/> Winter Session
Send after credential is posted: <input type="checkbox"/>	Specify the degree:
Send after incomplete or grade change is posted: <input type="checkbox"/>	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's Date of degree _____
Send after extension units have been transferred to my regular record: <input type="checkbox"/>	For which course? _____
	For which semester? _____

### 3. Transcript type and distribution instructions:

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

### 4. Transcript fees:

The fee per single 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 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 your signature.

#### *For Office Use Only*

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