Professional Accounting Certificate Request for Official Transcript and Letter of Verification

1. Student's Information

Title	□ Mr.	\Box Mrs.	□ Ms.				
Last Na	ime		First Name		Middle	Maiden	
Street /	Address						
City			State	Zip/Pc	ostal Code	Country	
Date of Birth		Student ID and/or Social Security #		E-mail Address			
Phone	(Day)	Phone (Message)					

2. Official transcript and/or verification letter

Sealed; official copy of	Deliver to:
	California Board of Accountancy
Official Transcript	Examination Unit
	2450 Venture Oaks Way, Suite 300
Letter of Verification	Sacramento, CA 95833

3. Fee

The fee per single official transcript and letter of verification is \$9.00 (\$5.00 for verification letter and \$4.00 for transcript). Enclose your check or money order made out to California State University, Fresno. Requests cannot be processed without payment. Please do not file this form unless you have completed all your bachelor's degree requirements. Fees are non-refundable.

4. Signature: Please sign and date in the box below. Order will not be processed without signature.

Sign: _____

Date: _____

Please submit this form with your payment to:

Admissions and Records Service Windows, Joyal Administration Building,

North Lobby

For Official Use Only

Status Verifica	ation							
 Enrollment in the Professional Accounting Certificate Completion of Bachelor's Degree Requirements 								
Date Sent:	Ву:							
Item Code	Description	G/L Code						
1200	Pmt-Document Reprod-Counter	501945-48519-62481-0000-00000-000000						
1760	Pmt-Transcripts-Counter	501950-90000-70050-0000-00000-000000						