



# Transcript Request for Licensure Boards

## NABP and CA Board of Pharmacy

### Office of the Registrar

Please submit this form no later than **February 28th of the degree conferral year.**

The California State Board of Pharmacy and the National Association of Boards of Pharmacy (NABP) will both require receipt of your official transcripts to verify your conferred graduation date and degree earned as part of your licensure process.

This form will be used to order and release official transcripts to each of those entities.

***If you are applying for licensure out-of-state ONLY, please leave this page blank and contact the Office of the Registrar at registrar@chsu.edu.***

#### INSTRUCTIONS

- You must use your legal name as it appears on your government issued ID. If this is not what is on record in SONIS, you must submit a Name Change Request form with the required supporting documentation to avoid any mismatches in the licensure process.
- Please note that after graduation, no name change will be made to your academic record unless you re-enroll at CHSU.
- Please complete all areas.

#### STUDENT INFORMATION

Legal Name: \_\_\_\_\_  
*FIRST MIDDLE/INITIAL LAST*

CHSU Email: \_\_\_\_\_ Preferred Personal Email: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class of: \_\_\_\_\_

**Once your final grades and degree conferral are posted to your academic record, your official transcripts will be mailed by the CHSU Office of the Registrar on your behalf to:**

*California State Board of Pharmacy  
2720 Gateway Oaks Dr. #100  
Sacramento, CA 95833*

*-and-*

*National Association of Boards of Pharmacy  
1600 Feehanville Drive  
Mount Prospect, IL 60056*

*I certify that I am the above person and my signature below indicates my understanding and consent to the release of this information.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office of Registrar Use Only		
Date Received: _____	Received By: _____	Date Processed: _____