



# Transcript Release Request - CA Board of Pharmacy

## Office of the Registrar

In order to apply to the California State Board of Pharmacy for licensure as a practicing pharmacist in California, an official transcript indicating your degree earned and date conferred is required to be sent to the Board by your school.

**If you are applying for licensure out-of-state, please contact the Office of the Registrar.**

### INSTRUCTIONS:

- Use this form to request and release official transcripts to the California Board of Pharmacy.
- You must use your legal name as it appears on your government issued ID. If this is not what is on record, you must also submit a Name Change Request Form with the required supporting documentation. Please note that after graduation, no name change will be made to your academic record unless you re-enroll at CHSU.
- Please print legibly and complete all areas. Your ink signature is required on this form.
- This request may take up to 3-5 business days to process once received.
- This form may be submitted by one of the following ways:
  - *Mail or In Person:* CHSU Office of the Registrar, 120 N. Clovis, Clovis, CA 93612.
  - *Email:* registrar@chsu.edu
  - *Fax:* Attn: Office of the Registrar 559-473-1487

### STUDENT INFORMATION

Legal Name: \_\_\_\_\_  
*FIRST MI LAST*

SONIS Student ID: \_\_\_\_\_ 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*

In accordance with Federal Law, records cannot be released without the written consent of the student.

*I certify that I am the above person and consent the release of this information.*

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

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