



Transcript Release Request - Out of State Board of Pharmacy

Office of the Registrar

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

INSTRUCTIONS

- Use this form to order and release official transcripts an out of state 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 this form is received as complete, your official transcripts will be mailed by the CHSU Office of the Registrar on your behalf to:

Agency: _____

Street Address: _____

City, State, Zip: _____

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: _____

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