

Transcript Release Form

Office of the Registrar

INSTRUCTIONS

- Use this form to order paper transcripts. Official transcripts for electronic delivery must be ordered online.
- You must use your legal name as it appears on your government issued ID.
- Please print legibly and complete all areas. Your ink signature is required on this form.
- Submit this completed form to the CHSU Office of the Registrar, located at 120 N. Clovis Ave., Clovis, CA 93612, along with a photo ID and a \$10 payment per official transcript requested.
- Check or money order accepted (payable to California Health Sciences University). Cash payments are not accepted.
- Transcript requests are processed within 3 - 5 business days.

STUDENT INFORMATION

Legal Name: _____
FIRST MIDDLE LAST

Student ID #: _____ Class of: _____ College: COM COP

Date of Birth: _____ Phone #: _____ CHSU Email: _____@chsu.edu

TRANSCRIPT ORDER INFORMATION

Quantity Requested: _____ (If multiple destinations or transcript types, please complete a new form for each order).

Transcript Type (check one): Delivery ☐ Unofficial ☐ Official
Type (check one): ☐ Pick-up ☐ Mail (enter address below)
Printing Options (check one): ☐ Print Now ☐ Hold for Degree Posting

☐ Hold for Semester/Block Grades, specify term: _____

☐ Hold for Grade Change or Repeat, specify course: _____

Mail To: _____
Name/Organization/Company

Street Address (Include suite, apartment #, P.O. Box, etc., if applicable)

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: _____