

Transcript Request Form

Office of the Registrar

INSTRUCTIONS

- Use this form to order official or unofficial transcripts.
- Transcript requests are processed within 3 - 5 business days.
- 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 print legibly and complete all areas. Your ink signature is required on this form.
- This form may be submitted by one of the following ways:
 - **Mail or in-person:** Office of the Registrar, CHSU, 120 N. Clovis Ave., Clovis, CA 93612.
 - **Email:** registrar@chsu.edu

STUDENT INFORMATION

Legal Name: _____
FIRST MIDDLE LAST

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

Date of Birth: _____ Phone #: _____ CHSU Email: _____

TRANSCRIPT ORDER INFORMATION

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

Transcript Type *(check one)*: Unofficial Official

Delivery 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: _____