

REQUEST FOR TRANSCRIPT
(Print Legibly)

Office of Academic Records
CALIFORNIA UNIVERSITY OF PENNSYLVANIA
California, Pennsylvania 15419

Date of Request _____
Phone Number _____
Social Security Number _____

Student's Name: _____
LAST FIRST MIDDLE MAIDEN NAME
IF APPLICABLE

Home Address: _____
NO. & STREET

CITY STATE ZIP CODE

Are you currently enrolled? () Yes
() No Number of transcripts requested: _____

Date of last attendance: _____ Undergraduate Program

_____ Semester
Are you a CUP graduate? () Yes
() No _____ Master's Program

- () I will take transcript with me.
- () Mail transcript when grades for current term are available.
- () Mail transcript when statement of degree is available.
- () MAIL TRANSCRIPT IMMEDIATELY.

Mail
Transcript
To: _____

Signature of Person Ordering _____ Transcript
1. A transcript request must be made in writing. 2. Fee: \$3.00 for each transcript. This fee must accompany request. Make check or money order payable to: California University of Pennsylvania 3. No transcript will be issued for a student whose financial obligations to the University have not been satisfied. 4. Transcripts will <u>not</u> be issued to a third party without written consent of the student.
FOR OFFICE USE ONLY
Required Fee: \$ _____ Fee paid by: () Cash () Check () Money Order Amount Enclosed \$ _____ Received by: _____ Date: _____