

REQUEST FOR TRANSCRIPT
(Print Legibly)

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

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 _____

Are you a CUP graduate? Semester () 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: _____

Date of Request _____
 Phone Number _____
 Social Security Number _____

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 not be issued to a third party without written consent of the student.

FOR OFFICE USE ONLY

Required _____ Fee paid by: _____
 Fee: \$ _____ () Cash
 Amount _____ () Check
 Enclosed \$ _____ () Money Order

Received by: _____
 Date: _____