

REQUEST FOR TRANSCRIPT

NO TRANSCRIPT WILL BE ISSUED IF YOU HAVE CURRENT CHARGES

ALLOW 3 DAYS FOR PROCESSING:

Date Needed By: _____

[] Registrar [] Counselor

Student HS ID Number: _____

Received By (name/date) _____

Student Name: _____
First
Last

If you need a transcript for your own use **do not** ask for an OFFICIAL one.

****Number**
Requested

Reason for Transcripts

_____ UNOFFICIAL TRANSCRIPT – I WILL PICK UP

_____ Senior Notebook

_____ OFFICIAL TRANSCRIPT - I WILL PICK UP

_____ College Applications

_____ PLEASE SEND OFFICIAL TRANSCRIPT TO:

_____ Other _____

****WRITE EITHER COMPLETE ADDRESS OR P.O. BOX DO NOT WRITE BOTH- FOR EACH COLLEGE****

SAMPLE ENVELOPE ADDRESS:

California State University, San Bernardino
 5500 University Parkway
 San Bernardino CA 92407-2318

- (1) _____

- (2) _____

- (3) _____

- (4) _____

 STUDENT SIGNATURE

White: Registrar Yellow: Teacher Pink: Student