

REQUEST FOR TRANSCRIPT
(Print Legibly)

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

Date of Request _____
Phone Number _____
Email Address _____
Social Security Number _____

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

Student's Signature _____

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 Year _____

Are you a CUP graduate? () Yes
() No _____ Graduate 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: _____

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
	() Check
Amount	() Money Order
Enclosed \$ _____	
Received by: _____	
Date: _____	