

REQUEST FOR TRANSCRIPT
(Print Legibly)

Office of Academic Records
CALIFORNIA UNIVERSITY OF PENNSYLVANIA
250 University Avenue
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

Date of last attendance: _____
Semester Year: _____ Undergraduate Program

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: _____

CWID Number: _____ OR

Social Security Number: _____

Student's Signature: _____
DATE: _____
PHONE: _____
EMAIL: _____

1. A transcript request must be made in writing.
2. Fee: **\$3** for each transcript. This fee must accompany request. Made 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.

OFFICE USE ONLY

FEE: _____ **Fee paid by:**
Amount enclosed: _____ () Cash
Received by: _____ () Check
Date: _____ () Money Order