

*Print legibly & complete all sections to avoid processing delays. Faxed copies are **not considered official** by recipients.*

Mailing address: CGU Transcripts, Office of Admission and Records, 160 East Tenth Street, Claremont, CA 91711
• Ph. (909) 621-8285 • Fax (909) 607-7285 • student.records@cgu.edu

Your Student Information:

Please check one: I am currently enrolled at CGU and my CGU I.D. number is 254 - _____
 I am a former student/Alumni and I was enrolled in the following degree program(s) _____
ending in the year: _____

Last Name*: _____ First Name: _____ Middle Name: _____

* Please provide your name as a student if it was different (maiden name, etc.): _____

For record verification purposes, please provide: Date of Birth: ____/____/____ and Last 4 Digits of Social Security #: _____

In the event we have questions about this request for transcripts, please provide a phone number and/or email address where we can reach you:

Daytime Phone: (____) _____ Email Address: _____

Your Transcript Request: Please **complete** one request form for **each transcript recipient**. Faxed **copies are not considered official**. We **cannot fax** official transcripts. Check the type of transcript and quantity you are requesting.

- Unofficial** (\$3.00 per copy; allow 2-3 business days to produce, then sent via first class mail) # of copies requested: _____
- Unofficial Faxed** (\$12.00 per copy; produced and faxed daily) # of copies requested: _____
Check the box in front of **Mail** and include the **mailing address** below, if you wish to also have the faxed unofficial copies mailed.
- Official Regular** processing (\$6.00 per copy; allow 2-3 business days to produce, then sent via first class mail) # of copies requested: _____
- Official RUSH** processing (\$12.00 per copy; produced same day, sent via first class mail if received by 3:00 p.m) # copies requested: _____

When to Produce Transcripts

- Send transcript(s) at the next available date, according to the type of transcript selected above.
- Send transcript(s) after grades have been posted for the following term:
Semester _____ Year _____
- Send transcript(s) after my recent degree has been posted
Degree _____ Semester & Year _____

Where to Send/Distribute Transcripts

Choose one: **I WILL PICK UP MY TRANSCRIPTS** at CGU. Do not mail/fax them. *(Please check www.cgu.edu/registrar for office hours)*
Please note: transcripts will only be released to the student/former student with picture I.D. or to the student's representative with a written release that includes the student's signature.

Mail the transcript(s) to the following location:

Name of Recipient: _____

Street Address: _____

City, State ZIP: _____

Fax the transcript(s) to: (____) _____

 **STUDENT SIGNATURE** (required for processing) _____

Payment of Transcripts (required for processing). All CGU financial obligations must be met before transcript requests can be fulfilled.

Choose one: I have enclosed/attached cash

I have enclosed/attached a check made payable to CGU (note: returned checks will result in a \$65 returned check fee)

Please charge my credit card. Check one: MasterCard Visa

Credit card number: _____ Card Expiration Date: ____/____/____

Cardholder Street Address: _____ City _____ State _____ Zip _____

 **Cardholder's Signature** _____ Cardholder phone #: (____) _____