

OFFICIAL TRANSCRIPT REQUEST FORM INSTRUCTIONS

Complete all sections of the attached form as indicated below:

Section#

- 1 – 2 Clearly print your complete name and any other names you may have used while in attendance at CSU, Chico.
- 3 Clearly print your current contact information including mailing address, daytime telephone number, and email address. It may be necessary to contact you regarding your transcript request.
- 4 – 5 Indicate your Student ID or Social Security Number and Birthdate.
- 6 – 7 Provide your hand-written signature and today’s date. **THE STUDENT’S SIGNATURE IS REQUIRED.**
Transcripts will be issued only at the request of the student and this signature authorizes release of the transcript.
- 8 Indicate the number of transcripts requested on this form as well as the total number of transcripts requested.
- 9 Select a processing option:
 - Regular Processing – Transcripts will be processed within 7-17 business days. **This does not include mailing time. Transcripts cannot be faxed and are sent by US Mail.**
 - RUSH Processing – Transcripts will be processed within 2-5 business days. Rush processing is an additional \$8.00 per 10 transcripts. **This does not include mailing time.** FedEx delivery may be available, please contact Student Records & Registration (530) 898-5142.
- 10 Use the Transcript Fee charts below to determine the amount due:

Regular Processing (7-17 business days. Allow additional time for mailing.)

Total Number of Transcripts	1	2	3	4	5	6	7	8	9	10
Cost	\$4	\$6	\$8	\$10	\$12	\$14	\$16	\$18	\$20	\$22
Total Number of Transcripts	11	12	13	14	15	16	17	18	19	20
Cost	\$23	\$24	\$25	\$26	\$27	\$28	\$29	\$30	\$31	\$32

RUSH Processing (2-5 business days. Allow additional time for mailing.)

Total Number of Transcripts	1	2	3	4	5	6	7	8	9	10
Cost	\$12	\$14	\$16	\$18	\$20	\$22	\$24	\$26	\$28	\$30
Total Number of Transcripts	11	12	13	14	15	16	17	18	19	20
Cost	\$39	\$40	\$41	\$42	\$43	\$44	\$45	\$46	\$47	\$48

- 11 Select a delivery option. If you select “MAIL TO ADDRESS BELOW”, **clearly print** the complete mailing address for your transcript. Indicate if it should be sent to the attention of a specific party or department. **Use one form per address.**
- 12 If the transcript request requires special instructions, note them in this section. If the special instructions require a specific action be posted (e.g. grades or degree), the request will be held until the specified action has been posted and then processed within 7 business days. **RUSH Processing is not available for requests held for specific action(s) to be posted.**
- 13 Provide Credit Card information if paying fee(s) by VISA or MasterCard.

NOTE: It is the student’s responsibility to ensure that grades and/or degrees are posted when transcripts are requested unless the request indicates special instructions to hold for grades and/or degrees.

*****TO ORDER TRANSCRIPTS*****

BY MAIL: Complete form. Enclose check or money order payable to CSU, CHICO, or provide Credit Card information and mail to Student Records & Registration, CSU, Chico, Chico, CA 95929-0720.

BY FAX: Complete form with Credit Card information and FAX to (530) 898-5778.

If you have any questions, please contact Student Records & Registration at (530) 898-5142

OFFICIAL TRANSCRIPT REQUEST FORM

CALIFORNIA STATE UNIVERSITY, CHICO
STUDENT RECORDS AND REGISTRATION
CHICO, CA 95929-0720 (530) 898-5778-Fax

Official Use Only:		
PR #	Both <input type="checkbox"/>	Only <input type="checkbox"/>
ID: _____		

PLEASE PRINT

1. NAME

Last First Middle

2. OTHER NAMES USED: _____

3. CURRENT CONTACT INFORMATION

Number & Street Apt. No.

City State Zip Code

Daytime Phone Number E-Mail Address

4. STUDENT ID OR SOCIAL SECURITY NUMBER **5. BIRTHDATE**

Month Day Year

6. STUDENT SIGNATURE **7. TODAYS DATE**

Signature Authorizes Release of Student Records

8. NUMBER OF TRANSCRIPTS REQUESTED FOR Section 11 (below) **TOTAL TRANSCRIPTS REQUESTED**

9. PROCESSING: **Regular (7-17 business days*)** **OR** **RUSH (2-5 business days*)**

***Business days indicate processing time only. Allow additional time for mailing.**

TEACHERS: Check here if requesting transcripts for salary increase.

10. AMOUNT DUE: \$ _____ See Transcript Fee Schedule, page 1.

If paying by credit card, please enter credit card in Section 13.

Official Use Only:
Receipt
Amount

11. DELIVERY OPTIONS: PICK UP (Photo ID Required) MAIL TO ADDRESS IN SECTION 3 MAIL TO ADDRESS BELOW
Use one form per address. PLEASE PRINT CLEARLY.

Name

Address

City State Zip Code

12. SPECIAL INSTRUCTIONS. If selected, RUSH Processing not available.

Send after grades officially released by University:

Typically 3 weeks after grades deadline for semester.

Fall Semester, 20_____

Spring Semester, 20_____

Summer Semester, 20_____

Send after an incomplete or grade change is cleared. Which course(s)? _____

Send after extension grade(s) have been posted. Which course(s)? _____

Other: _____

Send after degree is posted:

Typically 8-10 weeks after the official graduation date for semester.

Bachelors. Date of degree: _____

Masters. Date of degree: _____

Credential. Date: _____

Current semester courses appear the first day of the semester. Your transcript will show only work completed at California State University, Chico. Transcripts from other institutions are not available.

13. CREDIT CARD INFORMATION

Credit Card # (VISA or MasterCard ONLY): _____ Exp Date: _____

Name, as it appears on Credit Card: _____