

Request for Official Transcript

ARE YOU CURRENTLY ENROLLED AT FRESNO STATE? YES NO

If NO, date of last attendance: Semester _____ Year _____

Date of Request: _____

Fresno State ID: _____ Birth Date: _____

Last Name: _____ First: _____ Middle: _____ Maiden: _____

Street Address/P.O. Box/Apt. No. _____

City: _____ State: _____ Zip: _____

Signature: _____

Home Phone: _____

Cell Phone: _____

WHEN SHOULD TRANSCRIPT BE PROCESSED?

Send now

Send after degree is posted:

Bachelor's Master's

Send after grades are posted:

Fall Semester

Spring Semester

Summer Semester/Session

Extended Ed. Units

Extension Term _____

Send after an incomplete or grade has posted:

Which Course(s)? _____ Semester? _____

Please PRINT PLAINLY (for Direct Mailing in Window Envelope)

NOTE: Fill out one request form for each address.

Total No. of Copies _____

TO: _____

FOR OFFICE USE ONLY

PRE SIMS

Microfilm

Date Transcript Sent _____

Transcript fee amount: _____

Expedited fee amount: _____

Paid by: Check Cash

Initials: _____