



CSU Bakersfield

California State University, Bakersfield
Office of Admissions and Records
Mail Stop: 47 SA, 9001 Stockdale Highway
Bakersfield, California 93311-1022

Tel. (661) 654.3036 | Fax. (661) 654.3389 | www.csub.edu/admissions

TRANSCRIPT REQUEST FORM

For Student: (1) Transcripts are normally processed within 5 to 7 business days. (2) Your request will not be processed without accompanying payment, or if you have any holds on your student record, outstanding financial or administrative obligations to the university. (3) In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), your transcripts will only be released to a third-party with your signed, written consent.

Transcripts can also be ordered online by visiting https://www.csub.edu/admissionsandaid/grades\_transcripts/transcripts/index.html.

Student Name: Last First MI CSUB ID OR SSN:

Other name(s) used while attending CSUB:

Date of Birth: E-mail:

Address: Phone:

City and State: Zip Code:

Dates of Attendance: Term Year To: Term Year

REASON FOR TRANSCRIPT REQUEST (Please check all that apply):

- Student Transfer Scholarship Military Grad School/Professional School Employment Personal/Other

Transcript Fee: \$ Expedited/Rush Service Fee: \$

Total Transcript Request Fees: \$

- Personal Check Paid at Cashier's Office (attach payment receipt or stamp on the form)

Table with 2 columns: Service Type, Fee. Includes Single Copy (\$4.00), Each Additional Copy (\$2.00 up to 10 copies, \$1.00 over 10 copies), Rush Service (\$6.00), Expedited Service (\$10.00).

PLEASE CHECK ALL THAT APPLY:

- I would like to pick-up my transcripts (Photo ID required upon pick up. Transcripts will be held for 6 months).
Hold for current grades (Semester/Year)
Hold for degree posting (Semester/Year)
Mail transcripts to the following address(es):
Include form and # of Transcript Copies to:

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP CODE, COUNTRY for two different locations.

Check for additional addresses and complete back of this form.

Student's Signature: Date:

I authorize California State University, Bakersfield, to release my transcripts as directed on this form.

Admissions & Records Office Use Only: Processed By: Date: This is the official Admissions and Records Transcript Request Form and supersedes all and any previous forms from any CSUB department. (06.01.2017)

Student Name: \_\_\_\_\_  
Last First MI

CSUB ID OR SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Mail transcripts to the following address(es):

Include form and \_\_\_# of Transcript Copies to:

Include form and \_\_\_# of Transcript Copies to:

NAME:	NAME:
ADDRESS:	ADDRESS:
CITY: STATE:	CITY: STATE:
ZIP CODE: COUNTRY:	ZIP CODE: COUNTRY:

Mail transcripts to the following address(es):

Include form and \_\_\_# of Transcript Copies to:

Include form and \_\_\_# of Transcript Copies to:

NAME:	NAME:
ADDRESS:	ADDRESS:
CITY: STATE:	CITY: STATE:
ZIP CODE: COUNTRY:	ZIP CODE: COUNTRY:

Mail transcripts to the following address(es):

Include form and \_\_\_# of Transcript Copies to:

Include form and \_\_\_# of Transcript Copies to:

NAME:	NAME:
ADDRESS:	ADDRESS:
CITY: STATE:	CITY: STATE:
ZIP CODE: COUNTRY:	ZIP CODE: COUNTRY:

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ADDRESS:	ADDRESS:
CITY: STATE:	CITY: STATE:
ZIP CODE: COUNTRY:	ZIP CODE: COUNTRY: