



REQUEST FOR TRANSCRIPT FROM OTHER INSTITUTION

California State University, Bakersfield | Office of Admissions and Records
9001 Stockdale Highway | Bakersfield, CA | 93311-1022
(661) 654-3036 | Fax: (661) 654-3389

Note: Use this form **ONLY** to request transcripts from other schools, colleges, and universities to California State University, Bakersfield.

Campus ID No.: _____

Name: _____
Last First MI

Former Names: _____

Address: _____
Street

City State Zip

Phone: () _____

Period of Attendance: From: _____ To: _____

Signature: _____ Date: _____

To: _____
Name of School, College, or University

Please send _____ official transcripts to:
Qty

*California State University, Bakersfield
Office of Admissions and Records
9001 Stockdale Highway
Bakersfield, CA 93311-1022*

Fee Enclosed: _____