Transcript Request Form

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

Student's Full Name and Address

Name: _____ CSUB ID #: ☐☐☐☐☐☐☐☐☐

Address: _____ Birth Date: ☐☐ / ☐☐ / ☐☐

City: _____ Phone Number: ( ) _____

State: _____ Zip: _____

Other Name(s)
on Record: _____

Dates of Attendance: From: _____ _____ To: _____ _____
Quarter Quarter

I am requesting _____ transcripts to be mailed to: (include full name and mailing address of recipient)

Name: _____

Address: _____

_____

City: _____ State: _____ Zip Code: _____

Special Instructions-
Hold Transcript Request Until:

☐ Degree Recorded: ☐ B.A. / B.S. ☐ M.A. / M.S.

☐ Incomplete Grade(s) or Grade Change Recorded- Indicate Course, Quarter, Year, and Grade Below

_____

☐ Current Quarter Grades Posted

☐ Other (specify)

_____

Total Order $ _____

Fee for Transcript Request :	
Single Copy	$4.00
Add. Copies (up to 10)	$2.00
Add. Copies (over 10)	$1.00

I authorize California State University, Bakersfield to release my transcripts and charge my account accordingly.

_____ _____
Student Signature Date

Please allow 5-7 business days for processing