Transcript Request Form

California State University, Bakersfield - Office of Admissions and Records
9001 Stockdale Highway | Bakersfield, CA | 93311-1099
(661) 664-3036 | Fax (661) 664-3389

Fee Schedule for Transcripts:

Single Copy:	$4.00
Add. Copies at time of order (up to 10)	$2.00
Add. Copies over 10 at time of order	$1.00

Student's Full Name and Address

Name: _____ Social Security #: ☐☐☐☐☐☐☐☐☐

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.

☐ Current Quarter Grades Posted

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

_____

☐ Other (specify)

_____

No Transcript can be issued until all accounts with the University are clear and the record is free of encumbrances

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ☐☐ / ☐☐

☐ Visa ☐ MasterCard ☐ Discover

Total Order $ _____

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

_____ _____
Student Signature Date