



FOR OFFICE USE ONLY		
Cashiers Receipt #	Records Initials Date	Svc Ind

TRANSCRIPT REQUEST FORM

*Payment for transcript(s) is required prior to submitting request to the Registrar's Office.
 All outstanding fees owed to the university must be paid before your transcript order can be processed.*

Name _____ **BroncoNumber** _____
Last First MI (or SSN if BroncoNumber unknown)

Present Address _____ **Contact Phone No.** _____
No. & Street City State Zip Code

Date of Birth _____ **E-mail** _____ **Major** _____
(MM/DD/YYYY)

If your records are under a different name, specify: _____

Approximate First Quarter/Year at CPP? Fall Winter Spring Summer _____
Approximate Last Quarter/Year at CPP? Fall Winter Spring Summer _____
(Year)

Check all that apply below:

<input type="checkbox"/> Process Now <input type="checkbox"/> Other Specify: _____ _____ <p><u>Please Note:</u> Holds on a student's record will delay processing.</p>	Hold Until: <input type="checkbox"/> Grade change processed Specify Course(s): _____ <input type="checkbox"/> Repeated course processed Specify Course(s): _____ <input type="checkbox"/> Degree posted <input type="checkbox"/> End of quarter (Allow three weeks after quarter ends.)	<input type="checkbox"/> Extension Classes Taken (Cal Poly Ext. Univ. – Kellogg West) Total # of extension classes: _____ Specify: _____ <small>Term / Year</small> _____ <small>Term / Year</small> _____ <small>Term / Year</small> <input type="checkbox"/> Cal State Teach
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Transcript Fee	# Transcripts Ordered	Total Paid
\$6	x _____	= _____
<small>(Make check/money orders payable to Cal Poly Pomona)</small>		
Number of copies to be mailed:		_____
Number of copies to be picked-up:		_____
<small>(Photo ID Required for pick-up)</small>		

Submitting your request in-person at:

Registrar's Office, CLA Bldg. 98-2nd floor
 Cal Poly Pomona
 3801 W. Temple Ave.
 Pomona, CA 91768

Signature: _____ **Date:** _____

If transcripts are to be mailed to more than one address, please complete an additional window insert below for each address:

Name _____ **BroncoNumber** _____
Last First MI

Print clearly the name and address where transcript is to be sent for direct mailing. If no address is provided, transcript will be sent to the address given above.

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Mail	_____
Pick-Up	_____