



FOR OFFICE USE ONLY		
<b>Cashiers</b> Receipt #	<b>Records</b> Initials	<b>Svc Ind</b>
	Date	

**TRANSCRIPT REQUEST FORM**

*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 Term/Year at CPP?**     Fall     Winter     Spring     Summer    Year: \_\_\_\_\_

**Approximate Last Term/Year at CPP?**     Fall     Winter     Spring     Summer    Year: \_\_\_\_\_

Check all that apply below:

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

Submitting your request:	
<b>Mail</b> <i>Payment for transcript(s) must be submitted with this request to the Registrar's Office.</i>	Registrar's Office Cal Poly Pomona 3801 W. Temple Ave. Pomona, CA 91768
<b>In-Person</b> Pay first at the Cashier's Office	Registrar's Office, SSB, 121 E, Blue Counter

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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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.**


FOR OFFICE USE ONLY	
Mail	_____
Pick-Up	_____