Office of the Registrar
University of California, Riverside
Riverside, California 92521-0118
(951) 827-3400

TRANSCRIPT REQUEST FORM

TRNRQ

Print clearly in CAPITAL letters and skip a box between words: M A R Y A N N
Write numbers in this manner: 1 2 3 4 5 6 7 8 9 0 (Do NOT cross the 7 or 0 with a line.)

Student ID Number

Date of Birth M M D D Y Y

Date(s) of Graduation M M D D Y Y

Last Term Enrolled: (e.g., "1998W")

I am Currently Enrolled As: graduate/ professional ☐ undergraduate

Former Name(s):

Name:

Last

First Middle

Mailing Address:

City: **State:** **Zip:**

Telephone: **Email:**

MAIL TRANSCRIPT

Name

Address

City: **State:** **Zip:**

SPECIAL INSTRUCTIONS TO TRANSCRIPT DEPT: TRANSCRIPT(S) REQUESTED: (ENTER NUMBER IN BOX)

- ☐ Include current study list with transcript.
- ☐ Hold for _____ quarter grades.
- ☐ Hold for degree posting.
- ☐ Special instructions: _____

UNDERGRADUATE	☐ Copies
GRADUATE	☐ Copies
PROFESSIONAL (Credential or Medical only)	☐ Copies
SUMMER PRIOR TO 1981 ONLY	☐ Copies

REGULATIONS GOVERNING TRANSCRIPTS

1. The fee for each transcript is $8.00. Make checks payable to Regents U.C."
2. For Rush Service an additional $10.00 is required. (Transcripts will be mailed regular first class within 24 hours after receipt).
3. Express mail service is available for an additional fee.
4. FAX service is available at $2.00 per page plus the aforementioned charges as appropriate.
5. Regular transcript requests will be honored as quickly as possible in the order of receipt. During busy periods such as final examinations and com mencement, there will be some delay. Therefore, transcripts should be requested well in advance of such periods.
6. Obligations to the University must be cleared before transcripts will be sent.
7. An OFFICIALtranscript bears the signature of the Registrar and the seal of the University.
8. Please be sure you have supplied the correct mailing address.

PURSUANT TO PROVISIONS OF THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (PUBLIC LAW 93-380), I GRANT PERMISSION FOR RELEASE OF MY ACADEMIC RECORD AS INDICATED ON THIS FORM:

SIGNATURE

CASHIER'S USE ONLY:	**REGISTRAR'S USE ONLY:**
	☐ OX ☐ O1 ☐ O2 ☐ O6 ☐ O8