

Return completed form to:
Office of the Registrar,
Attn: Transcript Requests
 11900 NE First Street, Bellevue, WA 98005
 (425) 450-4669 / 1-800-426-5596 /
 Fax(425) 450-4665
 www.cityu.edu

Canadian Residents only
 Return completed form to:
Attn: Transcript Requests
 789 W Pender Street suite 310
 Vancouver, BC V6C 1H2 Canada
 (604) 689-2489 / 1-800-663-7466 /
 Fax(604) 689-0440
 www.cityu.edu

REQUEST FOR CITY UNIVERSITY TRANSCRIPT

OFFICIAL TRANSCRIPTS ARE \$10.00 PER COMPLETE SET.
UNOFFICIAL TRANSCRIPTS ARE AVAILABLE AT MY.CITYU.EDU OR BY USING THIS REQUEST.

CHECK ALL THAT APPLY:

- To be mailed immediately
- Hold for _____ quarter grades
- Hold until _____ degree/certificate is recorded
- To be picked up by: _____
 Date to be picked up: _____ / _____ / _____

INDICATE CAREERS TO BE INCLUDED IN EACH OFFICIAL SET:

- | | |
|--|--|
| <input type="checkbox"/> All Careers | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Graduate | <input type="checkbox"/> Graduate Certificate |
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Undergraduate Certificate |
- _____ **Quantity of Official Sets Requested (\$10.00 each)**
- UNOFFICIAL COPY (One free to student address)

STUDENT INFORMATION:

Student Name _____ Student ID Number _____

Former names _____ Date of Birth _____ / _____ / _____ SSN _____

Street Address _____

City, State, Zip _____

Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____

Mobile Telephone (____) _____ - _____ Preferred Email _____

First Attended _____ Last Attended _____

Degrees Earned _____
(Degrees or certificates earned at City University)

RECIPIENT INFORMATION: (TRANSCRIPTS WILL NOT BE FAXED OR EMAILED)

US Mail OR Express Deliver (Additional \$15 for domestic express delivery; \$20 for international express. Please call to confirm availability.)

Name / Dept. _____ (International Addresses) Phone Number (____) _____ - _____

Street Address _____

City, State, Zip _____

PAYMENT INFORMATION:

- Students attending classes outside the US should submit request and pay fee at their respective site office.
- Mail form with check or provide Visa, MasterCard, American Express or Discover information below...

Name on Card: _____ (MM / YY format)

Card Number: _____ Exp. Date _____ / _____

- Transcripts are not released to students with outstanding financial obligations without approval from the Business Office.
- Students may request transcripts in person at the Registrar's Office in Bellevue, WA between 8 am and 5 pm, Monday through Friday. Picture ID is required.

X
SIGNATURE OF STUDENT (Required in accordance with the Family Educational Rights to Privacy Act of 1974) **DATE** _____

SITE USE ONLY					
Check #:		Receipt #:		Date Received:	
				Date Sent:	