

U. S. Residents Only
Return completed form to:
Office of the Registrar
Attn: Transcript Requests
521 Wall Street, Suite 100, Seattle, WA 98121
(206) 239-4520 / 1-800-426-5596 x4520
Email: evaluations@cityu.edu
Fax (206) 239-4530

Canadian Residents only
Return completed form to:
Attn: Transcript Requests
789 W Pender St., Suite 310
Vancouver, BC V6C 1H2
(604) 689-2489 / 1-800-663-7466, x2489
Fax (604) 689-0440

## REQUEST FOR OFFICIAL EXPEDITED CITYU TRANSCRIPT

TRANSCRIPTS SHOULD BE ORDERED ONLINE THROUGH THE NATIONAL STUDENT CLEARINGHOUSE – COST IS \$10 PLUS A VENDOR PROCESSING FEE. **TO ORDER** go to <a href="https://www.studentclearinghouse.org">www.studentclearinghouse.org</a> and click on the tab "Order-Track-Verify" to start the process.

THIS FORM IS ONLY FOR EXPEDITED ITEMS WITH DIRECT MANUAL PROCESSING BY THE REGISTRAR'S OFFICE –
PLEASE SEE THE COST LISTED BELOW FOR THIS SERVICE.

Qua	antity of Officia	Sets Requested for expedited (\$18.00 USD for each complete set)(indicate number needed)
<b>↓</b> c	CHECK ONLY TH	E CATEGORIES THAT APPLY. (Log on to My.CityU.edu to view transcript before ordering.)
	Please send tran	script immediately, as is; do not wait for any unposted grades or degrees to be posted.
	Please send tran	script after my(fall, winter, etc.) term grades have been posted.
	Please send tran	script after my(name of program) certificate or degree has been posted.
	Will-Call. (To be p	cicked up by the student.) Date to be picked up:/
		OPY (One free with purchase of Official Transcript, OR BY REQUEST FOR STUDENTS WHO LAST ATTENDED BEFORE 1999.) CRIPTS ARE AVAILABLE FREE AT MY.CITYU.EDU FOR STUDENTS WHO HAVE ATTENDED SINCE 1999
STU	JDENT INFORM	IATION
Student Name		CityU ID Number
Former Names		Date of Birth / /SSN
Stree	et Address	
	State /Prov, Zip/ al Code, Country	
Hom	ie Telephone	(
Mob	ile Telephone	( ) - Preferred Email
First	Term Attended	Last Term Attended
Degrees/ Certificates Earned at CityU		
	CIPIENT INFOR JS Mail	MATION (OFFICIAL TRANSCRIPTS WILL NOT BE FAXED OR EMAILED.)  Express Delivery (Additional \$20 for U.S. express delivery; Vender Cost + \$3.00 for processing for express delivery outside the U.S. Please call to confirm availability and approximate cost.)
Nam	e / Dept	(Addresses Outside U.S.) Phone No
Stree	et Address —	
	State/Prov, al Code, Country	
PA	YMENT INFORM	MATION
- 8	Students attending	classes outside the US should submit request and pay fee at their respective site office.
- N	Mail this form wit	n a check, or provide Visa, MasterCard, American Express or Discover information below.
Nam	ne on Card:	(MM / YY format)
Card	Number:	Exp. Date
	•	d to students with outstanding financial obligations unless approved by the Business Office. scripts in person at the Registrar's Office in Seattle, WA between 8 am and 5 pm, Monday though Friday. Picture ID is required.