



# California State University SAN MARCOS

Office of the Registrar California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001  
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## OFFICIAL TRANSCRIPT REQUEST

**NOTE:** TRANSCRIPTS WILL NOT BE PROCESSED IF THERE ARE OUTSTANDING BALANCES OR HOLDS ON THE STUDENT ACCOUNT.

**Instructions:** Please print legibly to avoid delays. Official transcripts will be processed within **5-7 business days** from date of receipt. Completed forms are accepted by the Office of the Registrar in person at Cougar Central located in Craven Hall 3900, by mail, or as a scanned email attachment to [registrar@csusm.edu](mailto:registrar@csusm.edu)

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student ID: \_\_\_\_\_ Cougar Email: \_\_\_\_\_  
(or last four of social security number) (or personal email address)

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PAST STUDENT INFORMATION:

Name at time of attendance: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

<input type="checkbox"/> Number of copies	<input type="checkbox"/> Mail	<input type="checkbox"/> Pick Up
<input type="checkbox"/> Hold For Grades	<input type="checkbox"/> Hold for Degree	
Send To: _____		
Address 1: _____		
Address 2: _____		
Address 3: _____		
City, State Zip: _____		

<input type="checkbox"/> Number of copies	<input type="checkbox"/> Mail	<input type="checkbox"/> Pick Up
<input type="checkbox"/> Hold For Grades	<input type="checkbox"/> Hold for Degree	
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<input type="checkbox"/> Hold For Grades	<input type="checkbox"/> Hold for Degree	
Send To: _____		
Address 1: _____		
Address 2: _____		
Address 3: _____		
City, State Zip: _____		

<input type="checkbox"/> Number of copies	<input type="checkbox"/> Mail	<input type="checkbox"/> Pick Up
<input type="checkbox"/> Hold For Grades	<input type="checkbox"/> Hold for Degree	
Send To: _____		
Address 1: _____		
Address 2: _____		
Address 3: _____		
City, State Zip: _____		

*I understand that transcripts will not be processed if there are outstanding balances or holds on my account.*

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

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

For Office Use Only:

*Revised November 9, 2017*

Date Processed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_