



Registration & Records
Enrollment Management Services
333 S. Twin Oaks Valley Road, CRA 3900
San Marcos, CA 92096
760-750-4814

Instructions:

1. Please print legibly or type;
sign.

2. Methods for submission:

2a. Deliver to Cougar Central
located in Craven Hall, Room
3900;

2b. Fax to the Office of the
Registrar: 760-750-3700

2c. Mail

Office of Registrar, CSU San Marcos
333 S. Twin Oaks Valley Road
San Marcos, CA 92096

Note:

Transcripts will not be
processed if **OUTSTANDING
BALANCES** are owed to the
University.

**Requests are mailed within
7-10 business days from the
date of receipt.**

For Office Use Only:

Date received: _____

Date processed: _____

Initials: _____

OFFICIAL CSUSM TRANSCRIPT REQUEST

STUDENT INFORMATION:

Student ID: _____

Last Name: _____

First Name, Middle Initial: _____

Date of Birth: _____ - _____ - _____

CSUSM Email: _____

or Personal Email (alumnus or past student):

Daytime Phone: _____

Best Time to Call: _____

Current Student

Past Student: Year Graduated: _____

or Dates of Attendance: _____

Name at the time of attendance: _____

Address at the time of attendance: _____

Number of Transcripts Requested: _____ (specify number)

REQUIRED – PLEASE PRINT OR TYPE (otherwise, may delay processing)

Send to the following address below:

Name: _____

Institution/Org: _____

Street 1: _____

Street 1: _____

City: _____ State: _____ Zip: _____

Note: Attach an additional sheet with the destination information if you
would like to have your transcripts sent to different locations.

Hold for Final Grades – Term: _____

Hold for Degree – Graduation Term: _____

Student Signature: _____ Date: _____

Direct your questions to registrar@csusm.edu Using your CSUSM email, be sure to
indicate in the subject line: **TRANSCRIPT REQUEST**; in the body of the email, **include
your name, student ID number, and question.**