



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](mailto: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 [www.studentclearinghouse.org](http://www.studentclearinghouse.org) 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.**

**Quantity of Official Sets Requested for expedited (\$18.00 for each complete set)\_\_\_\_\_ (indicate number needed)**

↓ **CHECK ONLY THE CATEGORIES THAT APPLY. (Log on to My.CityU.edu to view transcript before ordering.)**

- Please send transcript immediately, as is; *do not wait* for any unposted grades or degrees to be posted.
- Please send transcript after my \_\_\_\_\_ (fall, winter, etc.) term grades have been posted.
- Please send transcript after my \_\_\_\_\_ (name of program) certificate or degree has been posted.
- Will-Call. (To be picked up by the student.) Date to be picked up: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- UNOFFICIAL COPY (One free with purchase of Official Transcript, OR BY REQUEST FOR STUDENTS WHO LAST ATTENDED BEFORE 1999.)  
**UNOFFICIAL TRANSCRIPTS ARE AVAILABLE FREE AT MY.CITYU.EDU FOR STUDENTS WHO HAVE ATTENDED SINCE 1999**

### STUDENT INFORMATION

Student Name \_\_\_\_\_ CityU ID Number \_\_\_\_\_

Former Names \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN \_\_\_\_\_

Street Address \_\_\_\_\_

City, State /Prov, Zip/  
Postal Code, Country \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Preferred Email \_\_\_\_\_

First Term Attended \_\_\_\_\_ Last Term Attended \_\_\_\_\_

Degrees/ Certificates  
Earned at CityU \_\_\_\_\_

### RECIPIENT INFORMATION (OFFICIAL TRANSCRIPTS WILL NOT BE FAXED OR EMAILED.)

- US Mail
- 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.)

Name / Dept. \_\_\_\_\_ (Addresses Outside U.S.) Phone No. \_\_\_\_\_

Street Address \_\_\_\_\_

City, State/Prov,  
Postal Code, Country \_\_\_\_\_

### PAYMENT INFORMATION

- Students attending classes outside the US should submit request and pay fee at their respective site office.
- **Mail this form with a 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 unless approved by the Business Office.
- Students may request transcripts in person at the Registrar's Office in Seattle, WA between 8 am and 5 pm, Monday through Friday. Picture ID is required.

**X**

**SIGNATURE OF STUDENT** (Required by the U.S. Family Educational Rights and Privacy Act of 1974)

**DATE**