



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
 Fax (206) 239-4530
 www.cityu.edu

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
 www.cityu.edu

REQUEST FOR OFFICIAL CITYU TRANSCRIPT

UNOFFICIAL TRANSCRIPTS ARE AVAILABLE FREE AT MY.CITYU.EDU FOR STUDENTS WHO HAVE ATTENDED SINCE 1999. FOR STUDENTS WHO LAST ATTENDED BEFORE 1999, CHECK BELOW. *TRANSCRIPTS CAN BE ORDERED ONLINE IF YOU HAVE US SSN AND PAY BY CREDIT CARD.*

Quantity of Official Sets Requested (\$10.00 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.)

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 OR Express Delivery (Additional \$15 for U.S. express delivery; \$20 for express delivery outside the U.S. Please call to confirm availability.)

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 though Friday. Picture ID is required.

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