



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 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