

## TRANSCRIPT REQUEST

This form can be filled out with Adobe Acrobat and then printed for signature.

**STUDENT NAME:** \_\_\_\_\_  
*First Middle Last*

*Other name(s) under which you may have attended:* \_\_\_\_\_

**SIGNATURE** (*required; no e-signature*): \_\_\_\_\_ **Date** (*required*): \_\_\_\_\_

**Degree(s)** BS, MS, Eng, Ph.D: \_\_\_\_\_ **Degree awarded:** \_\_\_\_\_

**Major(s):** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Dates of Attendance:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### Payment Information

A check, money order or credit card may be used to pay. Please provide information below for EITHER a check or money order OR a credit card. Please make the check or money order payable to: **Caltech Registrar's Office**. **Official transcripts are \$10.50 each. For additional shipping information and fees please see Registrar's website.**

Check or money order enclosed in the amount of \$\_\_\_\_\_.  
Other methods of payments are **Visa** or **Master Card**.

Name on Card: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_ Amount to charge: \_\_\_\_\_

Credit Card number: \_\_\_\_\_ Security #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Mail transcript(s) to: \_\_\_\_\_ # of Transcripts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FedEx will not deliver to a PO Box; please provide a physical address.

If you have more addresses, please write or type them on another page and include it with your request.