

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): _____ Date (required): _____

Degree(s) BS, MS, Eng, Ph.D: _____ Degree awarded: _____

Major(s): _____ Minor: _____

Date of Birth: _____ Dates of Attendance: _____

Mobile 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 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.