



Official Transcript Request

Registrar's Office Chalon
12001 Chalon Road
Los Angeles, CA 90049
(310) 954-4020, phone
(310) 954-4029, fax
registrar@msmu.edu

Registrar's Office Doheny
10 Chester Place
Los Angeles, CA 90007
(213) 477-2520, phone
(213) 477-2519, fax

For more information about transcripts visit our website at www.msmu.edu/transcripts

- A transcript request will **NOT** be processed if you have a business, collections or financial aid office hold.
- Transcript request can be faxed, mailed, or emailed to one of the addresses above. For all requests provide credit card information in the space provided. Request will only be held for one year.
- **Please allow 10 business days for regular processing during the beginning and close of term.**
- **Transcripts are sent out via REGULAR FIRST CLASS U.S. MAIL ONLY.**

SECTION A STUDENT INFORMATION

Name while attending: Last _____ First _____ Middle _____

Address: _____ City: _____ State: _____ Zip Code: _____

Student ID/SSN: _____ Date of Birth: _____ Dates of Attendance: From _____ To _____

Phone: _____ Email: _____ Degree(s) Received: _____

Signature: X _____ Date: _____

Student's handwritten signature, must be in ink. Digital electronic signatures are not accepted. Unsigned or incomplete request forms cannot be processed.

SECTION B TRANSCRIPT REQUEST INFORMATION

Regular processing (5 Business Days/ Allow 7 Business Days for Records Prior to 1996) \$25.00 per copy (Fees are subject to change)

Rush processing (24 Business Hours/ 48 Business Hours during Peak Periods) \$50.00 per copy (Fees are subject to change)

Please Note: If rush transcript will be mailed, it will be sent out the next business day via **REGULAR FIRST CLASS U.S. MAIL ONLY- INCLUDES USPS TRACKING #**. If rush transcript will be picked up, it will be ready the next business day.

NO rush processing is available for records WITH ANY TERMS PRIOR TO 1996.

Number of copies: _____

Please Choose One Option: Pick up at: Chalon (bring picture ID) Doheny (bring picture ID) OR Mail Transcript to:

Name _____

Please Print Legibly

Attn _____

(If picking up leave mailing address blank.)

Address _____

City _____ State _____ Zip Code _____

SECTION C OPTIONAL: Hold Request Form Until the Following is Posted (NOT AVAILABLE FOR RUSH PROCESSING)

Process after all my final grades are posted for Spring Year 20 _____ Summer Year 20 _____ Fall Year 20 _____

Process after my degree is posted. Degree date: Month _____ / Year 20 _____

SECTION D PAYMENT INFORMATION

Name of Cardholder _____ Credit Card # _____

Credit Card Type _____ Exp. Date _____ Amount _____ Initials _____

For Office Use Only

Fee Paid \$ _____ Business Office Staff Initials _____ Transcript Sent Initials _____