



UNOFFICIAL TRANSCRIPT REQUEST

Instructions: Complete Section A, B, and C and return to **registrar@msmu.edu** for processing.

Unofficial transcripts are provided free of charge. Please allow 5 to 10 days for processing.

SECTION A

STUDENT INFORMATION

Name while attending: Last _____ First _____ Middle _____
Address: _____ City: _____ State: _____ Zip Code: _____
MSMU ID#: _____ and/or Social Security: _____ Date of Birth: _____
Phone: _____ Dates of Attendance: From _____ To _____ Degree(s) Received: _____

SECTION B

FORWARDING INSTRUCTIONS

(Note: Unofficial transcripts cannot be sent via email)

Check one (1):

Fax to Number: (_____) _____ Attn: _____

Mail to: (please print address clearly): _____
Recipient's Name

Street Address _____

City _____ State _____ Zip Code _____

SECTION C

STUDENT ACKNOWLEDGEMENT

To protect your right to privacy, transcripts will NOT be released without your signature.

Student Signature (Physical signature only - no font or electronic signature) **Date**

Registrar's Office Chalon
12001 Chalon Road
Los Angeles, CA 90049

Registrar's Office Doheny
10 Chester Place
Los Angeles, CA 90007