



UNOFFICIAL TRANSCRIPT REQUEST

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

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

Unofficial transcripts are provided free of charge. Typical processing time is 1-3 business days from date of receipt. Please allow up to 5 business day for records with any terms prior to 1996. Fax or mail your request to Chalon or Doheny.

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):

- Hold for Pick Up at Doheny (photo ID required for all pickups)
- Hold for Pick Up at Chalon (photo ID required for all pickups)
- I authorize \_\_\_\_\_ to pick up on my behalf (photo ID required for all pickups)
- 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