

CHICAGO STATE UNIVERSITY

OVER THE COUNTER TRANSCRIPT REQUEST FORM

Note: Transcripts will not be issued for students whose financial obligations to the University have not been satisfied.

OFFICE USE ONLY

Fee Paid \$_____ Ch/MO#_____

Bursar: _____ Records _____

Signature: _____ SS/UID# _____ - _____ - _____

*Signature Required – Transcript request will not be processed if omitted

Last Name, First Name, MI _____

Address: _____

City, State ZIP: _____ Date: _____

Date of Birth: _____ / _____ / _____ Telephone#: () _____ (h)

E-mail Address*: _____ Telephone# () _____ (w)

LIST ALL DATES OF ATTENDANCE AT CSU

(Failure to give accurate dates may result in delayed or INCOMPLETE transcript.)

From _____ To _____

From _____ To _____

CSU Location Attended:

On Campus Off-Site Chicago Teachers College

Degree Received: _____ Year _____

Degree Received: _____ Year _____

MAIDEN OR PREVIOUS NAME (please print): _____

\$10.00 per copy

Date sent: _____ By: _____