

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

OFFICE OF THE REGISTRAR

CALIFORNIA WESTERN SCHOOL OF LAW
 225 Cedar Street
 San Diego, CA 92101
 (619) 525-1414
 Fax: (619) 615-1446

Date _____

ENROLLMENT STATUS: _____ Current Student _____ Former Student
 _____ Graduate _____ Year Graduated

of Copies _____ Official Copy (Signed, Sealed Envelope)
 # of Copies _____ Student Copy

Transcript Fee: \$3.00 per copy. Credit Cards not accepted.

STUDENT INFORMATION: (Please Print)

ID # or SSN: _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Update my address and phone

STUDENT SIGNATURE _____

Will Pick Up
 Mail

DIRECTIONS FOR MAILING:

PRINT CLEARLY the name and address of the person or institution to receive this transcript.

INSTRUCTIONS FOR THIS REQUEST:

- Include class rank
- Hold for grades: _____ trimester
- Hold until degree is completed
- Include Dean's letter of good standing (\$2.00 / copy) (not necessary for recruitment)
- Other _____

PURPOSE OF TRANSCRIPT:

- Graduate or professional school
- Employment
- Visit another school
- Scholarship
- Career Services
- State Bar (no fee)
- Transfer
- Other (specify): _____

- Requests will be processed as quickly as possible in the order of application. Extra time may be necessary during peak periods.
- Transcripts delivered directly to the student will be stamped "Issued to Student."
- Transcripts will not be issued for anyone whose financial obligations to California Western School of Law have not been met.

OFFICE USE	AMOUNT PAID
RECEIVED BY	\$
Processed	DATE
BY	BY