



OFFICE OF THE REGISTRAR  
 550 North College Avenue  
 Claremont, CA 91711  
 (909) 621-8147  
 FAX (909) 621-8671

## TRANSCRIPT REQUEST/AUTHORIZATION

<b>STUDENT NAME</b>	
<b>STUDENT ID (if available)</b>	
<b>PHONE</b>	<b>DATE</b>

### STUDENT'S AUTHORIZATION

I authorize Pomona College to release my official transcript as instructed below. I understand that transcripts are not provided if I have outstanding financial obligations to the College.

\_\_\_\_\_  
 STUDENT SIGNATURE (Required)

#### IDENTIFICATION INFORMATION (Provide all available information)

<b>CURRENTLY ENROLLED</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>GRADUATION TERM/YEAR OR LAST TERM ATTENDED</b>
<b>DATE OF BIRTH</b>
<b>NAME WHILE ENROLLED (if different)</b>

#### SPECIAL INSTRUCTIONS (Check all that apply)

- Hold for student pick-up. Pick-up date \_\_\_\_\_  
 Allow 2-3 business days.
- Hold for my semester grades.
- Hold until my degree posts.
- Please complete attached forms and mail with my transcript.
- Mail to the address below.  
 Arrival times depend upon the delivery method used.
- FAX to ( \_\_\_\_\_ ) \_\_\_\_\_  
 NOTE: Generally, FAX transcripts are not considered official. FAX documents may be obscured by the security features of the official document.

### MAILING ADDRESS PANEL

INSTRUCTIONS: Print the address where you want the transcript(s) sent in the mailing panel below. Campus mail box addresses are acceptable. Please print clearly since this form serves as the cover sheet for mailing your transcript. Submit separate forms for each recipient destination and indicate the number of transcripts you want sent to this address.

**MAIL TO:**


<b>NUMBER OF TRANSCRIPTS TO BE SENT TO THIS ADDRESS</b>	
---	--

OFFICE USE	
<b>DATE SENT</b>	<b>BY</b>