



# San José State University

## REQUEST FOR OFFICIAL TRANSCRIPTS

**SAN JOSÉ STATE UNIVERSITY**

Office of the Registrar, One Washington Square, San Jose, CA 95192-1009  
Phone: 408-283-7500 Fax: 408-924-2077

### Transcript Regulations:

- Please allow 5 to 10 business days to process routine requests. Rush service IS NOT available. End of the term requests may take longer contingent on when grades or degrees are posted. Additional processing time may also be necessary for records with attendance prior to January 1991.
- There is NO FEE for transcripts. However, there is a maximum of 10 transcripts you can request per semester.
- Mail request(s) to: San Jose State University, Office of the Registrar, One Washington Square, San Jose, CA 95192-1009 Faxed requests will be accepted; however, mail or in person requests are preferred.
- E-mail confirmation will be sent acknowledging receipt of your transcript request. Please be aware that the e-mail confirmation does not mean that your transcript request has been processed.
- Transcripts will not be released without student signature. Request by persons other than the student will not be honored without written authorization from student and picture identification.
- Transcripts will not be issued until all accounts with the University are cleared.
- Transcripts from other high schools or colleges cannot be duplicated.
- Failure to provide all information being asked in this form may delay the processing of your request.
- **IMPORTANT: Please type or print clearly.**

Name: \_\_\_\_\_  
Last First Middle

List all previous names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Apt.  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
City State Zip

SJSU ID#: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Not required if SJSU Student ID # is provided

Dates of Attendance\*: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month/Year Month/Year

**\*Your dates of attendance at SJSU are critical for the correct processing of your transcripts.**

Degree earned: \_\_\_\_\_ / \_\_\_\_\_  
Degree Month/Year

Mail: 1 2 3 4 5 transcript(s) to:	Mail: 1 2 3 4 5 transcript(s) to:
_____	_____
_____	_____
_____	_____
_____	_____

**Total number of transcripts requested:** \_\_\_\_\_ (Maximum is 10 transcripts per semester)

### Special instructions:

- Send now
- Send after semester grades are posted: Semester: \_\_\_\_\_ Year: \_\_\_\_\_ (e.g. Fall 2007)
- Send after degree is posted: Degree: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ (e.g. BA, Fall 2007)

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature required by Family Educational Rights and Privacy Act, 1974

For Office Use Only:	
Received Date: _____	By: _____
Transcript Request 08-19-09	