



**SAN JOSÉ STATE
UNIVERSITY**

San José State University

REQUEST FOR OFFICIAL TRANSCRIPTS

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.
- 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.
City State Zip E-mail: _____

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: _____

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 05-06-09