

CMC TRANSCRIPT REQUEST FORM

Fax To:

CMC Registrar's Office
500 E. Ninth St
Claremont CA 91711

From:

Fax: 909-607-6015
Phone: 909-621-8101
Re: Transcript Request

Total Pages:
Date:

PLEASE TYPE OR PRINT CLEARLY

Number of transcripts requested: _____

My full legal name: _____

My name while in attendance at CMC: _____

My Social Security number: _____

My date of birth: _____

My dates of attendance at CMC: _____

My return address: _____

My phone number (in case we have questions): _____

My e-mail address (we'll notify you by email once the transcript has been processed): _____

The full postal address to which each transcript should be sent (if multiple addresses, please attach list):

Print this form out and **sign it** before **mailing or faxing** it to the Office of the Registrar. Form not valid unless signature appears below.

My signature: _____

Information Required for FedEx Delivery Only:

FedEx account number OR credit card number with expiration date:

FedEx recipient's phone number (required on FedEx form): _____