



Pitzer College Transcript Request Form

Fax to: (909) 607-7161

or mail to:

Pitzer College Registrar's Office

1050 North Mills Avenue

Claremont, CA 91711

Phone: (909) 607-2650

**Please print clearly using black ink.*

Check One: **OFFICIAL** Transcript **OR** **UNOFFICIAL** Transcript

Date of Request: _____ Number of Copies: _____

Student's Name: _____
(as it appears/d on your transcript & student record while enrolled at Pitzer)

SS# or Pitzer ID#: _____ **OR** Birth Date: _____

Contact Telephone Number: (____) _____

Please check all that apply:

A: Currently Attending:

Yes – Circle one: FR SO JR SR

No – List dates of attendance _____

B: Purpose: Scholarship Graduate School Transferring Other

C. Hold for current semester grades* *Check only if you are currently attending classes and request that your transcript not be sent until all final grades are submitted.

Note: Transcripts will be furnished only if all financial obligations to the college are satisfied.

UNOFFICIAL TRANSCRIPTS MAY BE FAXED TO A PERSONAL FAX WITHIN 24

HOURS OF REQUEST – no charge. Personal Fax Number: _____

ALL OFFICIAL TRANSCRIPTS (Signed and Sealed) ARE SENT VIA REGULAR MAIL

Address to send official transcript(s):

Name: _____

Street Address: _____

City, State, Zip Code: _____

Student's Signature – Do not print

REGULAR SERVICE **OR**

Allow 3 -5 business days – no charge

RUSH SERVICE

Contact the Registrar's Office at 909.607.2650

Allow 1 business day - \$10.00 per transcript

Make checks payable to Pitzer College

This space for office use: _____