HUMBOLDT STATE UNIVERSITY

Office of the Registrar, Transcript Dept.
1 Harpst St. Arcata, CA 95521-8299

OFFICIAL TRANSCRIPT REQUEST

Phone: 707-826-6242, Fax: 707-826-6194
HSU.Transcripts@humboldt.edu

☛ ***STUDENT'S SIGNATURE*** _____ **DATE** _____

CURRENT LEGAL NAME *(please print)* _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE _____ _____ _____ **E-MAIL** _____
home work cell

DATE OF BIRTH _____/_____/_____ **HSU ID# or SSN** _____

OTHER NAMES USED WHILE AT HSU _____

DATES OF HSU ATTENDANCE from _____/_____ to _____/_____ **Did you attend HSU prior to June 1991?** Y or N
Month Year Month Year

Please send ☐ *# of copies* _____ transcripts to this address: _____

Please send ☐ *# of copies* _____ transcripts to this address: _____

Please send ☐ *# of copies* _____ transcripts to this address: _____

Please send ☐ *# of copies* _____ transcripts to this address: _____

☐ **SEND TRANSCRIPTS NOW** **--*OR*--** **HOLD UNTIL:** ☐ _____ Grades post ☐ Degree is posted ☐ _____
semester

TRANSCRIPT COSTS (For further payment instructions, visit us online at: **http://www.humboldt.edu/~reg/transcripts.html**.) No phone payments.

# of Transcripts	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Total Cost	$4	$6	$8	$10	$12	$14	$16	$18	$20	$22	$23	$24	$25	$26	$27	$28	$29	$30	$31	$32

Transcript Per Copy Fee (*for more than 20 copies, add $1 per additional copy*) ..... $ _____

ADD **Expedited "RUSH" Handling *** you must pay the **Transcript Fee** in addition to this service .....$10.00 $ _____
** Places your request at the TOP of the request stack currently in our office and will leave this office within 3 working days via regular mail.*
Note: On state-mandated Furlough Days our office is closed. Furlough Days are not considered business days.

ADD **Overnight Mailing ****
you must pay the **Transcript Fee** and for **Expedited "RUSH" Handling** in addition to this service .....$10.00 per address $ _____
*** Addresses must be to the 48 contiguous states (No AK, HI, or overseas).* ***A destination phone number MUST be provided along with a street address.***

TOTAL for this request $ _____

PAYMENT METHOD: ☐ Payment enclosed (*check or money order*) **--*OR*--** ☐ CASHNet Receipt # _____ and date _____

☛ ***This form requires the STUDENT'S SIGNATURE and can only be accepted in person, by fax, mail, or scanned pdf via email.*** ☚