

Note: These forms are provided for your convenience in requesting official transcripts for your admission file at California Lutheran University. We suggest that you check with each institution before requesting a transcript, as the fee for service varies.

TRANSCRIPT REQUEST

TO: REGISTRAR

College or University

PLEASE SEND ONE OFFICIAL COPY
OF MY TRANSCRIPT TO:

CALIFORNIA LUTHERAN UNIVERSITY

Graduate and Adult Programs
60 W. Olsen Road, #2200
Thousand Oaks, CA 91360-2700

STUDENT INFORMATION

Name

(Other Names Used)

Address

City State Zip

Last Date Attended Term Year

Social Security Number

Birthdate

Signature

TRANSCRIPT REQUEST

TO: REGISTRAR

College or University

PLEASE SEND ONE OFFICIAL COPY
OF MY TRANSCRIPT TO:

CALIFORNIA LUTHERAN UNIVERSITY

Graduate and Adult Programs
60 W. Olsen Road, #2200
Thousand Oaks, CA 91360-2700

STUDENT INFORMATION

Name

(Other Names Used)

Address

City State Zip

Last Date Attended Term Year

Social Security Number

Birthdate

Signature

TRANSCRIPT REQUEST

TO: REGISTRAR

College or University

PLEASE SEND ONE OFFICIAL COPY
OF MY TRANSCRIPT TO:

CALIFORNIA LUTHERAN UNIVERSITY

Graduate and Adult Programs
60 W. Olsen Road, #2200
Thousand Oaks, CA 91360-2700

STUDENT INFORMATION

Name

(Other Names Used)

Address

City State Zip

Last Date Attended Term Year

Social Security Number

Birthdate

Signature