



Name:		SID#:
Last	First	MI Former Name(s):
Address: State:	7in:	Email
Home Phone: W	/ork Phone:	Email: Birthday: Month Day Year
		Month Day Year
		DATE OF GRADUATION:
HAVE YOU TAKEN DQU CONTINUING EDUCAT	TION COURSES?	ES NO IF YES, SEMESTER/YEAR?
Student's Signature (Required):		Date:
Mail Request or Walk In To: CIMC/DQU	Transcripts, 738 North Mari	rket Street, Sacramento, CA 95834
REQUESTS 1. 2.	(Please read before co S WILL NOT BE PROCESSED A There is a hold place on your DO The full payment is not included The "Mail to" address(es) are inc	QU record d.
	PROCESSING FI	EES
Single (1) official DQU transcript Additional official DQU transcripts prepared at sar up to ten (10) cost an additional	\$4.00 Ao ne time, \$2.00 each Ul	dditional official transcripts prepared at same time, exceeding ten (10) cost an additional\$1.00 each INOFFICIAL, photocopied transcripts from other schools FOR PERSONAL USE ONLY\$10.00 per set
RUSH SERVICE WHEN AVAILABLE: \$10.00 PLU (EXAMPLE: One transcript + RUSH FEE = \$14.00 (When submitting a RUSH request, please write "	); Two transcripts + RUSH FEE	= \$16.00; etc.) RUSH SERVICE: YES NO
		NDICATE ADDITIONAL TRANSCRIPT REQUESTS.)
PLEASE MAIL TRANSCRIPT(S) TO THE FOLLOWING ADDRESS(ES):		TOTAL ENCLOSED: \$
		TRANSCRIPT OFFICE USE ONLY
		CHECK NO.: _ #
		CHECK AMT.: _ \$
QUANTITY:	QUANTITY:	
		RECEIVED DATE:
		RECEIVED BY:
QUANTITY:	QUANTITY:	SENT DATE:
		SENT BY:
		NOTES:
		NUTES.

CIMC, Inc.