

# Transcript Request Form



Complete this form to authorize the release of your student records. An official transcript will be sent by CESL directly to the institution that you request below at the end of the semester/session. You may also request an UNOFFICIAL STUDENT COPY.

There is a \$5.00 fee for each transcript requested. You may fax a request with a credit card payment to 520-621-9180 or submit this form with payment to CESL room 101. Transcripts will not be released until accounts are paid in full.

**Please allow 48 hours to process.**

Your name \_\_\_\_\_  
Family First Middle

Are you a CESL student now? **YES NO** Date(s) enrolled \_\_\_\_\_ CESL id# \_\_\_\_\_

Would you like your most recent grades to appear on this transcript? **YES NO**

Where should we send the official transcript?

Name: \_\_\_\_\_

Office: \_\_\_\_\_

University: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

If you wish this transcript to be sent to other institutions, list additional addresses on the back. A fee of \$5.00 for each transcript is requested. The transcript will not be processed until all bills are paid in full.

**YOUR SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

If you would like the transcript sent by express mail or Fed Ex please include \$15.00 for service within the USA and \$60.00 for overseas delivery.

The CESL Transcript includes:

1. A record of all levels and grades at CESL.
2. Your latest TOEFL score on the institutional TOEFL.
3. **The transcript does not supersede the endorsement for recommendation to the UA.**

Do you want to include your proficiency scores in your transcript? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

## CREDIT CARD AUTHORIZATION FORM

I hereby authorize The University of Arizona to charge \$ (US) \_\_\_\_\_ to my credit card.

\_\_\_\_ MASTERCARD \_\_\_\_ VISA or American Express CID # \_\_\_\_\_ Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Verification Code (last 3 digits on the back of card) \_\_\_\_\_

Card holder name (Please print) \_\_\_\_\_ Card holder Signature: \_\_\_\_\_

Billing Address \_\_\_\_\_ Telephone \_\_\_\_\_ Email address \_\_\_\_\_