



Office of Graduate Studies/Request for Academic Records

Note to Applicant: It is the responsibility of individual applicants to have their academic records forwarded to the Office of Graduate Studies. Please complete the top part of this form and submit it to the registrar/controller of examinations/or other authorized official at the academic institution where you obtained your credential(s). Print additional copies of this form if necessary. *Please note that some institutions may charge a fee for this service.*

Sac State ID (if Applicable)		
Last/Family Name		First/Given Name
Previous Name (if applicable)	Date of Birth (dd/mm/yyyy)	E-mail
Institution Name		Dates Attended From _____ To _____ (mm/yyyy) (mm/yyyy)
Degree Name (if applicable)	Year of Award (if applicable)	Major
Student ID or Roll Number at sending institution (if applicable)		

I hereby authorize the release of my academic records to the Office of Graduate Studies.

Applicant's Signature: _____ Date: _____

Note to Authorized Official: The above-named person seeks to have his/her credentials evaluated and requests that a transcript/mark sheet of his/her academic records/statement of marks - show all subjects completed and all grades/marks awarded for all years of study - be released to the Office of Graduate Studies. Please complete this form place the form and academic record in an envelope, sign and seal the envelope across the back flap, and send it directly to the Office of Graduate Studies at the address below.

Name of Official Completing Form (Please type or print)		Title
Address		
City	Country	Postal Code
Telephone		Fax
E-mail	URL www.	

Confirmation: I confirm that the student named above attended
Dates of attendance from _____ to _____
month/yr month/yr

Degree obtained (if applicable) _____

Degree Name Date Awarded (month/day/yr)

Authorized signature and SEAL Date

___ Yes, the applicant's academic transcript/statement of marks is attached to this form.

By Postal Mail:
Office of Graduate Studies
California State University, Sacramento
6000 J Street, River Front Center 215
Sacramento, CA 95819-6112
(PLEASE RETURN THIS FORM TOGETHER WITH THE OFFICIAL ACADEMIC RECORDS/STATEMENT OF MARKS)