



Office of the Registrar

1325 N. College Avenue, Claremont, CA 91711 • Ph. (909)447-2502/2503 • Fax (909)447-6242/6241 • cstregistrar@cst.edu

Please allow five (5) business days for processing of all transcript requests. A student's record includes all work completed or attempted at Claremont School of Theology; no requests for parts of a student's record will be honored. No transcript of a student's record will be furnished to any student or alumnus whose financial obligations to the School have not been satisfied. Transcripts from other institutions and test scores (GRE & TOEFL) must be requested directly from those sources. Application and admissions materials (including letters of recommendation or personal statements) will not be duplicated.

Please Print

Name: _____
Last/Family First Middle

Birthdate: _____
MM/DD/YY

Name as appearing on CST record, if different:

Last/Family First Middle

Phone Number:

Address: _____

Email:

Dates of Attendance:
_____/_____
Begin End

Degree(s) Received:

Student Signature (All requests must bear a handwritten signature of the student)

_____ Date

Record Type	Fee	# Requested
Official Transcript	\$10.00 each	_____
Unofficial Transcript	\$5.00 each	_____
Enrollment Verification Letter	No Charge	_____
Rush request	\$5.00 per transcript	_____

(processing in less than three business days)

Office Use Only	
Registrar's Office	Date
Business Office	Date

Credit Card Information (Required if you are faxing your request.)

Circle one: Visa MasterCard AmEx

Number: _____ Expiration Date: _____

Hold for pick-up Send immediately Send after grades are posted for _____ semester

Send to:

Number of transcripts:
____ Official ____ Unofficial
____ Letter of Enrollment

Hold for pick-up Send immediately Send after grades are posted for _____ semester

Send to:

Number of transcripts:
____ Official ____ Unofficial
____ Letter of Enrollment