



Transcript Request Form - Board of Pharmacy

Office of the Registrar
9700 West Taron Drive
Elk Grove, CA 95757
CNRegistrar@cnsu.edu
Fax: (916) 686-8432

INSTRUCTIONS

- Use this form to order official or unofficial transcripts. This form may be submitted by mail, fax, email or in person.
- Please print legibly and complete all areas that apply.
- Submit to: Office of the Registrar, California Northstate University, 9700 West Taron Drive, Elk Grove, CA 95757.
- (1) One complimentary transcript. There is no charge for the graduate's first transcript to the Board of Pharmacy. Standard fees are applied for additional requests. Submit the general CNU Transcript Request form for multiple orders and/or multiple destinations.

STUDENT INFORMATION

Name: _____
Last First Middle

Student ID#: _____ Class of: _____ Date of Birth: _____ Phone#: _____

Personal Email: _____

TRANSCRIPT INFORMATION

Type of Transcript: **Official**

Quantity Requested: 1

Method of Delivery: **Mail**

Delay Printing: **HOLD for Semester Grades AND HOLD for Posting of Degree**

Mail To: **California State Board of Pharmacy**
Name

1625 N. Market Blvd, Suite N219
Address

Sacramento **CA** **95834**
City State Zip

In accordance with Federal Law and KRS 164.283, records cannot be released without the written consent of the student.
I certify that I am the above named person and consent the release of this information.

Student Signature: _____ Date: _____

OFFICE OF THE REGISTRAR USE ONLY

Date Received: _____ Date Processed: _____ Processed By: _____

Holds Checked: _____