



CEDARS-SINAI MEDICAL CENTER  
Graduate Program

OFFICIAL TRANSCRIPT REQUEST FORM

Instructions: Complete this form with all applicable information. STUDENT SIGNATURE IS REQUIRED at the time of requesting. If you have any type of hold on your records, your transcript will not be issued. Please note: Transcripts cannot be ordered without a signed authorization.

Student Information:

Form with fields for LAST NAME, FIRST NAME, Email address, Street address, City, State, Zip, and Phone #.

Please check at least one:

- Pick up. Number of copies:
Mail (indicate to whom and when below)
Fax to: Attention:

Addresses for Mailed Transcripts:

Form with two columns for mailing addresses and checkboxes for 'Mail now', 'After final grades are posted', and 'After degree is awarded'.

STUDENT

SIGNATURE: DATE:
In accordance with the Family Education Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcripts.

For office use only: Pickup, Mailed, Faxed, Staff initials, Date.