



Irell & Manella Graduate School of Biological Sciences
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OFFICIAL TRANSCRIPT REQUEST FORM

Instructions: If you have any type of hold on your academic record, your transcript will not be issued. Please note: Transcripts cannot be ordered without a signed authorization. Allow four (4) working days for processing upon receipt of request.

Information Requested

Student Name (First,Middle,Last)			Badge #
Address			
City	State	Zip	Year Entered

Signature Required (In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcript(s))

_____ Date _____

Transcript Details

1	Mail Transcript to (complete address of institution, organization, or company, including recipient name, and phone #)	Number of Copies _____ Special Instructions:
2	Mail Transcript to (complete address of institution, organization, or company, including recipient name, and phone #)	Number of Copies _____ Special Instructions: