

RECORD COPY REQUEST

STUDENT ID#

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PHONE / E-MAIL

OFFICE USE

STUDENT NAME:

Print

Last

First

Middle

INSTRUCTIONS TO STUDENT:

- ✓ Pay State Cashier (Bldg 01, Rm 131E) \$1 for pages 1-4, then \$0.25 for each additional page.
- ✓ Indicate delivery style and info:

- Pick-up
- Mail
- Fax

To:

- ✓ Copies Requested

- Cal Poly Evaluation

- Other: _____

X

Student Signature (REQUIRED)

Date

Return this form, with the receipt, to the Office of the Registrar in Bldg 01, Room 222.