



POINT LOMA
NAZARENE UNIVERSITY

Office of Records
3900 Lomaland Drive
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www.pointloma.edu/Records

OFFICIAL TRANSCRIPT REQUEST

Send within 10 business days at no charge.
(For **RUSH** processing see box below)

Hold Transcript for:

Semester grades as indicated:
___ Fall ___ Spring ___ Summer

Bachelor's Master's Ed.S

Change of grade for:
_____ (course number)
_____ (enrolled semester/year)

Today's Date _____

Number of Copies _____

Dates Attended _____

Degree Earned _____

Degree Year _____

Campus Location _____
(i.e. San Diego, Arcadia, Bakersfield, Inland Empire)

Student Name _____ PLNU ID# _____

Street _____

City _____ State _____ Zip _____

Daytime Phone Number _____

E-mail Address _____

S.S. # _____ Birthdate _____ Maiden Name _____

Mail transcript to:

Name _____

School/Company _____

Street _____

City _____ State _____ Zip _____

RUSH REQUESTS ONLY

Rush transcripts are processed within 3 business days for a \$25 fee and are sent regular mail via the US Postal Service. **If overnight mailing is needed**, please call 619.849.2502. Overnight fees are based on the zip code destination and are added to the \$25 rush fee.

*Note: Students who attended **prior to 1978**, please contact the Records Office at 619.849.2502.*

I give PLNU permission to charge my credit card the \$25 Rush Transcript Fee

Card Type: Visa _____ MasterCard _____

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Expiration Date: ____/____ (mo/yr)

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PLNU Office Use Only

Date Sent: _____

SFS: _____

Date: _____

I authorize Point Loma Nazarene University to release my transcripts as requested above.

Student's Signature