

Official Transcript Request

Mail Request to:
CSI Office of the Registrar
PO Box 1238
Twin Falls, ID 83303-1238
Phone: 208-732-6795
Email: records@csi.edu

Official transcripts ordered online are faster and more secure.
Please go to studentclearinghouse.org.

Student Information:

Name: _____ Birth Date: _____
 Previous Name(s): _____ CSI Student ID #: _____
 Address: _____ Last 4 Social Security #: XXX-XX-_____
 City/State/Zip: _____ Phone Number: _____

SEND TO:

Name of Institution/College/Recipient: _____
 Attn: _____ Dept: _____
 Address: _____ City/State/Zip: _____

- Hold for pickup by student (**photo ID required**). Taylor Building, Eagle Central, Twin Falls.
- Mail to Institution/College/Recipient above

Transcript Order:	# Copies	x \$7	Total
How many transcripts			

<u>Processing options (only check one):</u>	Cost	Total
<input type="checkbox"/> Standard (<i>Processed within 3 – 5 business days upon receipt</i>)	FREE	
<input type="checkbox"/> Rush (<i>Processed within 24 business hours upon receipt</i>)	\$10	

<u>Shipping options:</u>	Cost	Total
<input type="checkbox"/> Standard Mail	FREE	
<input type="checkbox"/> Priority Mail (<i>1 – 3 business days, includes USPS tracking</i>)	\$10	

Total (*includes Transcript, processing, and shipping fees*): \$ _____

Student Signature (Required): _____ **Date:** _____

<i>Office Use Only</i>		9.2022
Payment Date: _____	Payment Type: _____	Amount \$: _____ Receipt #: _____ Initials: _____
Processed by: _____		Date: _____