

## **Student Document Claim Form**

Registrar's Office

160 East Tenth Street, Claremont, CA 91711 ● Ph. (909) 621-8285 ● Fax (909) 607-7285 ● student.records@cgu.edu

**Instructions.** Use this form both to request and to claim an original document issued by another institution or entity that, at the time of your request, is maintained in your student records file at CGU. Documents may be claimed if the purpose for which the document was provided has been completed. A copy of the original will be made and maintained in your student file. Note that student files are maintained for a period of only five years following the student's last semester of enrollment. Documents that are currently maintained by CGU may have been altered from the originally submitted condition.

Complete and submit this form to the Registrar's Office. Allow three business days for confirmation of availability of your document.

	CGU ID # 254 —
Last Name	First Name
Years of Attendance (Former Students)	Degree/Program
Current E-Mail	Date of Birth//
Address	
Country	Phone
DOCUMENT(S) REQUESTED—Be specific	c (type, issued by, issue date).
AUTHORIZATION FOR DISPOSITION	
☐ I will pick up the document myself.	
$\square$ I authorize CGU to deliver the documents to (name	of your representative)
☐ Please send the documents to me by FedEx to the delivery (\$30 domestic; \$60 international) is enclosed.	address below (delivery to P.O. Boxes is not available). Payment for expedited
delivery (\$30 domestic, \$60 international) is enclosed.	
Address	
Address	nt(s) specified above in the manner I have indicated. I understand that, in complying with
Address  By my signature below, I authorize disposition of the document	nt(s) specified above in the manner I have indicated. I understand that, in complying with document(s) that I do not claim in person.
By my signature below, I authorize disposition of the documer my request, CGU is not responsible or liable for receipt of the  Student Signature_	nt(s) specified above in the manner I have indicated. I understand that, in complying with document(s) that I do not claim in person.  Date
By my signature below, I authorize disposition of the documer my request, CGU is not responsible or liable for receipt of the  Student Signature  DISPOSITION OF DOCUMENT(S) -	nt(s) specified above in the manner I have indicated. I understand that, in complying with document(s) that I do not claim in person.  Date  To Be Completed at the Time Documents are Claimed
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By my signature below, I authorize disposition of the documer my request, CGU is not responsible or liable for receipt of the  Student Signature  DISPOSITION OF DOCUMENT(S) - CLAIMED BY	To Be Completed at the Time Documents are Claimed  MAILED BY  Ve (ID required)  Mail