

# TRANSCRIPTS REQUEST

## PERSONAL INFORMATION

First name

Middle name

Last name

E-mail

Phone number

When did you attend CECM?

## PAYMENT

Total amount in USD that you authorize  
CECM to charge to your credit card\*

Credit Card Number

Type of card (Visa or Mastercard)

Expiration Date

The last 3 digits of the number  
in the back of your card

Name of cardholder

Signature (when faxing the document)

## DELIVERY INFORMATION

Full name

Street Address (no P.O. Boxes)

City, State & Zip Code

Country

Phone number

\*Add the cost of the copies of transcripts that you are requesting, plus the courier express service.

## PRICES

1 transcript

\$ 10.00 USD + shipping expenses

Each extra copy of transcripts

\$ 10.00 USD

When you complete this form, please e-mail it ([studyspanish@cecm.udg.mx](mailto:studyspanish@cecm.udg.mx)) to the CECM.



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