

CUNY School of Professional Studies

TRANSCRIPT REQUEST FORM

PROSPECTIVE STUDENT

APPLICANT: Please complete this form and forward it to EACH previously attended college or university.

Please Note: You must comply with the policy of each institution regarding transcript release regulations and fees.

Applicant's Name _____
First Middle Last

Prior Name on Transcript _____

Date of Birth _____ Last 4 digits of Applicant's SSN XXX-XX-_____

Dates of Enrollment _____ to _____ Degree and Graduation Year _____

Fill in the name of the program you are applying to next to Attn: in the address below.

CUNY School of Professional Studies

Attn: _____

119 West 31st Street, Suite 123

New York, NY 10001

I hereby request that my transcript be sent to the above address.

Signature of Applicant _____ Date _____

REGISTRAR: The above named person is applying to the School of Professional Studies at The City University of New York. Please enclose this form together with an official transcript. After sealing the envelope, please sign across the seal. Please send the transcript directly to School of Professional Studies at the address above.