

OFFICE OF THE REGISTRAR

2001 Oriental Boulevard | Brooklyn, New York 11235 Telephone 718 368 -5136

Transcript Request Form (Please bring this form to the Bursar's Office, Room A-205.)

Name: Apt # City: State: Zip:			Print your name and address in the space provided. You will receive a copy of this form when the transcript has been mailed.	
PRINT: Last Name	First Name	Dates of Attendance - From (MM/DD/YYYY): To (MM/DD/YYYY): Email:		
		Email:		
Student Number:	CUNY first Number:	Home Phone No.:	Cell Phone No.:	Work Phone No.:
Name used when in attendance, if de First Name:	ifferent from above: Last Name:	Signature:		
MAIL TRANSCRIPT TO THE INSTITUTION BELOW: (ZIP CODE REQUIRED)			CHECK ONE:	
Name:				
Address:			☐ Student Copy	
City:State:Zip:			☐ Official Copy	
Attention of:			П Описта сору	
Name of Person or Office is required				
PLEASE CHECK ALL APPLICABLE INFORMATION - INCOMPLETE REQUESTS WILL BE RETURNED Date of Birth:/				
☐ MAIL AS SOON AS POSSIBLE OR				
□ HOLD FOR FINAL GRADES: FALL WINTER SPRING SUMMER				
TRANSCRIPT REQUEST POLICIES 1. Transcript requests are processed on a first come, first served basis. 2. Please allow for unexpected contingencies and processing by both the Bursar's and Registrar's office. During peak periods, additional time may be required. 3. Each transcript is \$7.00. There is no charge if sent to another CUNY school. 4. No Personal Checks will be accepted.				