

SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES 250 Bedford Park Blvd. West F: 718-960-8727

Carman Hall, Room 128 Bronx, NY 10468

B: 718-960-8512 www.lehman.edu/scps

TRANSCRIPT REQUEST FORM

Directions: Complete all required information and return form with \$5.00 (check or money order paid to "Lehman College") for each transcript you require.

Note: Transcript(s) will be processed within 4-6 weeks when a student has satisfactorily completed a course and/or program and has met all obligations due to the college.

I. Return form and fee(s) to:	Lehman College Continuing Education		
` ,	Att: Maryann Drago-Dowling, Registrar		
	Carman Hall, room 128		
	250 Bedford Park Boulevard West		
	Bronx, New York 10468-1589		

2. Please complete all of the following information: (If information is incomplete, it may delay transcript processing. If you attended prior to 1992, the "Semester started/completed" is especially important. Questions: call the Registrar above at (718)960-8077.)

Name:				
Name:Social Security #:_	First Name	Maiden	Last Name	
 Home street address 				
City:		State:	Zip:	
• Day phone #: ()	-	Ext:_	
 Course/Program T 	itle(s) complete	d:		
• Semester started:		Semeste	er completed:	
orward transc	cript(s) <i>at \$5.00</i>	each to the f	ollowing:	
1. The student (see a	address above).	Indicate # transc	ripts to be sent to s	tudent:
2. Name and Addres	s:			
3. Name and Addres	s:			
For Office Use only: Fee		Date Received:	Date S	 Sent: