

**TRANSCRIPT REQUEST FORM**

A fee of \$7.00 is required for each transcript except those transcripts sent to any unit of the City University of New York (CUNY). Please submit check or money order payable to Baruch College

STUDENT ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name on Record: \_\_\_\_\_  
Last First MI

Present name (if different): \_\_\_\_\_  
Last First MI

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

( ) Undergraduate ( ) Graduate

Currently in Attendance? ( ) Yes ( ) No Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Graduated from Baruch College? ( ) Yes ( ) No If yes, Degree and Date: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Do you want your transcript held until final grades are posted for the current semester: ( ) Yes ( ) No

Do you want to pick up this transcript: ( ) Yes ( ) No

Number of Copies: \_\_\_\_\_ (\$7.00 for transcript to Non-CUNY unit)

Name and address of Recipient (PRINT): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature

\_\_\_\_\_  
Authorizing Issuance of Transcript

\_\_\_\_\_  
Date