



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: _____ Address: _____ 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.
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PRINT: Last Name		First Name		Dates of Attendance - From (MM/DD/YYYY):		To (MM/DD/YYYY):	
				Email:			
Student Number:	CUNY first Number:	Home Phone No.:	Cell Phone No.:	Work Phone No.:			
Name used when in attendance, if different from above: First Name: Last Name:				Signature:			

<p>MAIL TRANSCRIPT TO THE INSTITUTION BELOW: (ZIP CODE REQUIRED)</p> <div style="border: 1px solid black; padding: 5px;"> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Attention of: _____ <small>Name of Person or Office is required</small> </div>	<p>CHECK ONE:</p> <p><input type="checkbox"/> Student Copy</p> <p><input type="checkbox"/> Official Copy</p>
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PLEASE CHECK ALL APPLICABLE INFORMATION - INCOMPLETE REQUESTS WILL BE RETURNED

Date of Birth: ____/____/____
MM DD

Ever Enrolled in **College Now Program?** YES NO
 Currently Enrolled at **Kingsborough?** YES NO

MAIL AS SOON AS POSSIBLE
OR
 HOLD FOR FINAL GRADES: ____ FALL ____ WINTER ____ SPRING ____ SUMMER

<p>TRANSCRIPT REQUEST POLICIES</p> <ol style="list-style-type: none"> 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. 	<p>FOR OFFICE USE ONLY</p> <p>BURSAR'S STAMP/DATE/INITIALS - ROOM A-205</p>
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