

Office of the Registrar
The Graduate Center: 365 Fifth Avenue, New York, NY 10016

Transcript Request Form

1. Please complete a separate request for each place a transcript is to be sent.
2. Fill out all requested data. This will expedite your request.
3. Please type or print clearly and firmly.
4. Transcript charge \$7.00 per transcript (No charge for CUNY colleges).

Please note:

Transcripts released directly to the student are "student copies" and are unofficial. Sealed official copies may be released to the student in certain cases (e.g., self-managed application for admission) if the name and address of the recipient organization is provided.

Date _____ Social Security Number _____

Student's Name _____

Last Middle/(Maiden) First

Student's Address _____ Telephone _____

Number and Street Area Code

City or Borough State Zip

Code

Discipline: _____ Matriculated Non-Matriculated

Permit _____

Are You a Graduate of GSUC? Yes No If Yes, Year: _____ Month: _____ Degree Awarded: M.A. Ph.D. D.S.W.

D.M.A. _____

Circle One

Are You Currently Enrolled at GSUC? Yes No If Not, Last Date Attended: _____

Transcript Mailed: _____	Fee Paid: _____	Student's Signature
FOR OFFICE USE ONLY		

**Transcript
to be
sent to:** →

Please print the Name, Office, Address, and Zip Code of the place where you want the transcript sent.