

TRANSCRIPT REQUEST FORM

This form is NOT a writable PDF form and **has to be printed and signed**. Electronic signatures are NOT accepted. Please ensure that all grades for the previous semester have been submitted before requesting your transcript/s. There is no charge for a transcript/s sent directly to another CUNY campus or to Interfolio. Please be aware, any holds on your account will delay processing of your TR.

We will make every attempt to process all transcripts within 2-4 business days of the Office of the Bursar clearing your payment.

Please log into your Student Web Account https://ssb.gc.cuny.edu/prod/plsql/twbkwbis.P_WWWLogin to view the status of your transcript request/s. If your transcript request was processed, then it will be sent out with the next business day's mail or be ready for pick up (if that is what you requested) the next business day between the hours of 9:30am and 4:30pm.

If you do not remember your Banner ID # please print and sign the "Request For Information Form" which is available at: http://www.gc.cuny.edu/CUNY_GC/media/CUNY-Graduate-Center/PDF/Forms/Request_for_Information.pdf?ext=.pdf and asking our office to provide you with your Banner ID # and to reset your password for your Student Web Account.

If you have multiple transcript requests, please fill out **one** form and attach a separate sheet of paper listing the names of the institutions where each transcript is to be sent. The transcript charge is \$7.00 USD per transcript and is payable by cash, check, money order, by mail or in person, with the Office of the Bursar (212-817-7680, Room 8105). Checks/money orders are to be made payable to GSUC/CUNY. Electronic fund transfer (E-Check) Payment can be made on-line by [clicking here](#).

Date: _____ Identification #: _____ Telephone #: _____

Name: _____ Email: _____
LAST FIRST MIDDLE INITIAL

Full Address: _____
APARTMENT # CITY STATE ZIP CODE

Student's Signature: _____

I am/was (check one): Matriculated Non-Matriculated e-Permit Consortium Auditor
 Degree Program (check one): Discipline: _____ Doctoral Master of Arts

Transcript to be sent to:

Please print the name, office, address and zip-code of the place where you want the transcript sent. Please be aware that some institutions require their name in the address field.

I will pick up my transcript/s.

Number of official transcripts required: _____

FOR OFFICIAL USE ONLY

Bursar's Receipt or Check #: _____

Notes:

Office of the Registrar

365 5th Avenue, Room 7201, New York, NY 10016
 212-817-7500 (P)
 212-817-1627 (F)
 registrar@gc.cuny.edu