

# 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 are posted before requesting your transcript/s. There is no charge for a transcript/s sent directly to another CUNY campus or to Interfolio.  
**(All financial holds and other obligations must be met before transcript requests are processed.)**

We will make every attempt to process all transcripts within 2-4 business days. In-person pick up (if that is what you requested ahead of time) is available for pick up between the hours of 9:30 am to 4:30 pm. If you attended prior to Fall 2018 and 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](http://www.gc.cuny.edu/CUNY_GC/media/CUNY-Graduate-Center/PDF/Forms/Request_for_Information.pdf) and ask our office to provide you with your Banner ID #.

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 check or money order. Checks or money orders are to be made payable to GSUC/CUNY. We no longer accept electronic fund transfer (E-Check) payment but cash payment can be made in person at the Office of the Bursar (212-817-7680, Room 8105).

Date: \_\_\_\_\_ CUNYfirst EMPL ID # or BID #: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Full Address: \_\_\_\_\_  
APARTMENT # CITY STATE ZIP CODE

I am/was (check one):  Matriculated  Non-Matriculated  e-Permit  
 Auditor  Consortium  Journalism  
 Degree Program (check one): Discipline: \_\_\_\_\_  
 Doctoral  Master of Arts  
 attended between the following terms \_\_\_\_\_

The above statements are true and completed to the best of my knowledge.

**Student's Signature:** \_\_\_\_\_

## 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