



Please Print Clearly

\*Social Security # or Student ID #:

\*Last Name:   
(as it appears on College record)

\*First Name:   
(as it appears on College record)

Middle Name:

Other Last Name (s) Used:

\*Birth Date:  MM/DD/YY

\*Current Address:

City:  State:

Zip Code:  Country:

Telephone Number:

E-Mail Address:

\*Attended From:  \*Attended To:

Degree (s) Earned:

\*Total number of transcripts in this order:

Check one of the options below (only applicable for current students):

Send Now (current term grades might not be included)

Hold until grades for the current semester are posted:

Hold until current semester degree has been posted:

\*Signature is required:

\*=Required fields, if empty the form may be returned for additional information.

**OFFICIAL OR STUDENT COPY**

Official transcripts are sent to a college, university, employer, or a government agency, etc. Official transcripts are not issued to students\*(Please see below section SEALED OFFICIAL TRANSCRIPTS). If the destination name and/or address is the student's, the transcript will not have the registrar's signature or seal.

Choose one of the options below:

Official Copy

Student Copy

Name:

Address Line 1:

Address Line 2:

Attention Line:

City:  State:

Zip Code:  Country:

**\*SEALED OFFICIAL TRANSCRIPT SENT TO STUDENT**

Official transcripts are mailed to the student in sealed envelopes only when the transcript request indicates the name of the college, university, employer, or a government agency, etc. where the transcript will be sent by the student. Supply the information in the boxes provided below.

Please Note: Transcripts to CUNY colleges are mailed directly there via inter-college mail. If the transcript is to be mailed to you, please provide documentation from the school to support your request:

Name :

City:  State:

**FEES:** If this form is submitted in person or via mail, the transcripts fee is \$7.00 per copy. The fee covers both undergraduate and graduate transcripts. The \$7.00 fee is waived for transcripts sent to CUNY admissions offices.

**MAILING ADDRESS:** Brooklyn College  
2900 Bedford Avenue  
Brooklyn, NY 11210  
Attn: Registrar's Office/Transcript Division

**FOR TRANSCRIPT OFFICE STAFF USE ONLY**

DATE RECEIVED \_\_\_\_\_

DATE MAILED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRS \_\_\_\_\_

SIMS \_\_\_\_\_

TRANSX \_\_\_\_\_

ENCL. \_\_\_\_\_

AMOUNT RECEIVED \$ \_\_\_\_\_

Special Delivery Envelope:

Received:

Sent:

Special Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bursar's Proof of Payment Area**

Amount Student Paid \_\_\_\_\_

Initials \_\_\_\_\_

**Time Stamp Here:**