

TRANSCRIPT REQUEST FORM

BROOKLYN COLLEGE 2900 BEDFORD AVENUE, BROOKLYN NY 11210-REGISTRAR OFFICE. ROOM 306 WEST QUAD

PRINT LAST NAME, FIRST	SIGNATURE	TODAY'S DATE
NAME USED WHILE IN ATTENDANCE	CONTACT PHONE NO.	
E-MAIL ADDRESS _____		

Please fill out one request form per destination.

Box #1 Below: INSTITUTION-Please review Transcript Request Policies and Instructions.

	Number of copies to this institution

UNDERGRADUATE DATES OF ATTENDANCE _____
 GRADUATE DATES OF ATTENDANCE _____

STUDENT ID # (*REQUIRED, last four digits is acceptable) _____
 *SOCIAL SECURITY# OR ASSIGNED INTERNATIONAL # _____

CUNYFIRST ID _____ DATE OF BIRTH _____
MM DD YY

HOLD FOR GRADES FALL WINTER SPRING SUMMER I SUMMER II

HOLD FOR DEGREE NOTATION

IF GRADUATED FROM BROOKLYN COLLEGE, DEGREE AND DATE _____

Box #2 Below: STUDENT NAME & ADDRESS

POLICIES AND INSTRUCTIONS

1. **Official transcripts issued to student** in sealed envelopes **ONLY** when the student supplies name of the receiving institution. In box #1 enter only the name of the receiving institution. Do not write the address of the institution. In box #2 write your full name and mailing address.

2. For **official transcripts, sent directly to an institution**, in box #1 write the name and full address of the institution. Please include an attention line. In box #2 write your name and address.

3. For a **student copy transcript**, leave box #1 empty. In box #2 enter your name and mailing address. (Printout will have unofficial and official notes and STUDENT COPY label.)

4. For an **official student copy**, which will not have the official college seal/signature, in box #1 write your name and full address. Please leave box #2 empty. (Printout will have only official notes and will be labeled OFFICIAL.)

5. Transcripts are \$7.00 per copy. The fee covers both undergraduate and graduate transcripts. The \$7.00 fee is waived for transcripts sent within CUNY.

6. Transcripts will be processed within 3-5 business days after request form is received. Impediments on your record may delay the process.

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE MAILED _____

PRs _____ SIMS _____

TRANSX _____ ENCL. _____

AMOUNT RECEIVED \$ _____

Special Delivery Envelope:

Received:

Sent:

Special Comments:
