

# TRANSCRIPT REQUEST FORM

The College of Staten Island/CUNY

Office of the Registrar

2800 Victory Boulevard 2A-110

Staten Island, NY 10314

Request for Transcript – Fee \$7.00

Branches of CUNY – Free

Number of copies requested: \_\_\_\_\_

Name while in attendance: \_\_\_\_\_

Please check all that apply.

Official Copy  Student Copy

UNDERGRADUATE TRANSCRIPT ( AA, AAS, BA, BS )

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

Official Copy  Student Copy

GRADUATE TRANSCRIPT ( MA, MS, MEd, 6th Year Certificate )

Degree Awarded: \_\_\_\_\_

***If you would like the Registrar's Office to hold this request please check the appropriate box below.***

Hold for Final Grades ( Spring Summer Fall Winter)

Hold for Degree Awarded ( January June August )

Social Security Number (or student ID number) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check here if you wish the Registrar's Office to change your address.

**PRINT YOUR NAME AND CURRENT ADDRESS BELOW.**

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**PRINT THE NAME AND ADDRESS OF WHOM YOU WISH TO FORWARD THIS TRANSCRIPT TO. (COLLEGE, INSTITUTION, OR AGENCY) AN OFFICIAL TRANSCRIPT CANNOT BE SENT TO THE STUDENT.**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Federal law prohibits issuing a transcript without a student's permission.