

# 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, 6<sup>th</sup> 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 )

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.**


**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.**


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

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