

TRANSCRIPT REQUEST FORM

The College of Staten Island/CUNY
Office of the Registrar
2800 Victory Boulevard 2A-110
Staten Island, NY 10314

Marlene Springer
President



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)

___ 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.