



Office of Registrar
 60 West Street
 New York, NY 10006
 Tel: 212-343-1234 x 5008 Fax 212-343-7397
 Web: www.mcny.edu

Request for Transcript

I. Student Information

SSN or ID number _____

Name (first, m, last) _____

Name on record _____

Address / Apt / Floor _____

City / State / Zip _____

Day Telephone (_____) _____

II. Addressee Information (please print legibly)

Contact _____ (first, _____ last)

Company _____

Address _____

City / State / Zip _____

III. Most recent MCNY degree or course of study (check one):

_____ Associate ___ Bachelor ___ Graduate ___ CASAC

Program of study: _____

Attended from: (mo / yr) _____ to: (mo / yr) _____

or Graduated: _____

IV. Transcript Processing (check one):

___ Employment ___ Admissions to other college
 ___ Personal records ___ Admissions to MCNY graduate program
 ___ Other (please specify) _____

Please process this request (check one):

___ At once ___ After degree is posted
 ___ After grades posted for current semester
 ___ Upon grade change (print class) _____

Number of Copies: _____

Is this your first transcript request ever (y/n)? _____

Signature / Date _____

Please read the next panel for processing instructions

Instructions for Placing a Request

- Please complete a separate form for each addressee. Please print clearly, this form will be used to mail your transcript
- Official transcripts are not issued to students. A student copy may be ordered for personal use.
- Processing takes 3-5 business days.

___ Official	___ Unofficial (student)
Bursar Clearance / Date	_____
Library Clearance / Date	_____
Amount charged	_____ \$
Fiscal Payment / Date	_____
Registrar Received / Date	_____
Registrar / Date Sent	_____