

OFFICE OF THE REGISTRAR

SAVOY BLDG. RM. D-207 * (718) 518-6771

TRANSCRIPT REQUEST FORM

FILL OUT COMPLETELY (PLEASE PRINT) TODAY'S DATE	CLEARLY):		FIRST NAM	F		M.I.
			FIRST NAME			
MM / DD / YY						
STUDENT ID#	LAST NAME	BELOW FORMER NAME WHILE IN ATTENDANCE AT THE COLLEGE (IF DIFFERENT FRO				
y y y y y	LAOTHAME		TINOTINA	_		M.I.
XXXXXX						
STREET APT. CITY STATE ZIP CODE						1 1
CURRENT PHONE #			CURRENT E-MAIL AD	DRESS		
PLEASE CHECK (☑)						
☐ UNDERGRADUATE ☐ 2 ND DEGREE ☐ NON-DEGREE ☐ COLLEGE NOW						
ARE YOU CURRENTLY ATTENDING HOSTOS? YES NO LAST SEMESTER OF ATTENDANCE:						
ARE YOU A GRADUATED STUDENT? YES NO GRADUATION DATE:						
ARE YOU A GRADUATED STUDENT? YES NO GRADUATION DATE:						
CHECK IF APPLICABLE:						
TYPE OF TRANSCRIPT REQUESTED (PLEASE CHECK ☑)						
STUDENT COPY (FOR PERSONAL USE ONLY) Number of Student Copies Requested:						
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PLEASE INCLUDE DEPARTMENT OR INDIVIDUAL RECEIVING TRANSCRIPT						
ADDRESS						
CITY	STATE ZIP CODE					
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 TRANSCRIPT FEE IS \$7.00 PER COPY. THE FEE IS NOT REQUIRED FOR TRANSCRIPTS SENT TO CUNY COLLEGES. THE COLLEGE RESERVES THE RIGHT TO WITHHOLD ALL INFORMATION ON THE RECORD OF ANY STUDENT WHO 						
HAS NOT FULFILLED FINANCIAL & OTHER RESPONSIBILITIES TO THE COLLEGE.						
YOU ARE RESPONSIBLE FOR THE ACCURACY OF THE ADDRESS INFORMATION STATED ABOVE.						
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□ BURSAR (D-116B) □ FINANCIAL AID (D-105B) □ LIBRARY (A-308) □ STUDENT RECEIVABLES (D-104B)						
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