

TRANSCRIPT REQUEST FORM

Allow 7 –10 business days for processing. Expect delays at the beginning and end of semesters.

Note: FILL OUT CLEARLY AND COMPLETELY

X _____
STUDENT'S SIGNATURE

DATE OF REQUEST: ____/____/____

SOCIAL SECURITY: _____

Telephone Number _____

PRESENT ADDRESS:

SCHOOL (S) ATTENDED:

Name: _____

Address: _____

(Check all schools attended)

- ARTS & SCIENCES
- NURSING – Undergraduate
- NURSING – Graduate
- NEW RESOURCES
- GRADUATE/ CO-SPONSORED

Check here if you would like this address to be updated on your academic record.

DATE OF GRADUATION: ____/____/____

Did you take courses prior to 1979?

- YES NO

OFFICIAL/ STUDENT TRANSCRIPT FEE: \$4.00 per transcript

Were you enrolled under another name(s)?

If so, indicate name:

INFORMATION OF ORGANIZATION/INSTITUTION TO BE SENT: *(Print clearly. This form will be used to mail your transcript.)*

Special instructions:

Please select:

- Student Copy –How many? _____
- Official Copy – How many? _____
- Total Copies _____

Purpose for official transcript:

- Educational Certification
- Employment Other _____

Please indicate if you would like to hold for:

- Semester Grades _____
- Semester
- Degree ____/____/____
- Graduation date

DO NOT WRITE IN THIS SPACE

We have a delay in processing your transcript request because:

- Insufficient payment received.
Transcript not issued. Please remit a fee of _____
- Debt owed to CNR. To clear please contact:
 - Bursar (914) 654-5220
 - Collections (914) 654-5540
 - Defaulted Loan (914) 654-5540
 - Library (914) 654-5877
 - Parking (914) 654-5298
 - Perkins Exit Interview (914) 654-5540

FOR OFFICE USE ONLY:

Paid: _____ Accepted By: _____ (Initials)

Mailed ____/____/____ by: _____ (Initials)

In-Person ____/____/____ by: _____ (Initials)