



**YORK COLLEGE**  
The City University of New York

**OFFICE OF THE REGISTRAR**  
94-20 Guy Brewer Blvd., Jamaica, NY 11451  
Phone (718) 262-2145 \* Fax (718) 262-2631  
[registrar@york.cuny.edu](mailto:registrar@york.cuny.edu)

# Transcript Request Form

**\*All information provided will be used to update York College records.  
Photo I.D. is required to submit this form, and to pick-up a transcript  
Clearly print your information below.**

**Name** \_\_\_\_\_  
Last Name (On York College Records) First M.I.

**Name** \_\_\_\_\_  
Last Name (If different than above) First M.I.

**\*Address** \_\_\_\_\_  
(including Apt. number)

**\*City** \_\_\_\_\_ **\*State** \_\_\_\_\_ **\*Zip Code** \_\_\_\_\_

**\*Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**E-Mail address** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
(Last four (4) digits only)

Complete all items in ink. Return completed form to the Registrar's Office in room AC-1H06 or you may submit this request by mail. There is a seven \$7.00 dollar fee per transcript, payable by money order, for all transcripts request to non-CUNY institutions. **(No Personal Checks will be Accepted) Transcript forms received with a personal check will be returned to the sender. DO NOT MAIL CASH!!!** Transcript request to CUNY institutions, and the University Application Processing Center (UAPC) are free. All academic transcript records will be included. No request will be processed if there is a financial block on your record. Transcript request made or picked up by third party individuals require written authorization, signed by the student. Official transcripts **will not** be mailed to students unless written instructions from the requesting institution are included with request. Transcript records prior to 1975 will require two (2) weeks to process, all others three (3) to five (5) business days. Please allow additional processing time during registration periods.

Dates of attendance at York College \_\_\_\_\_ Graduate of York College \_\_\_\_\_  
Month/Year Degree/Year

**Check if applicable**  
 Send immediately     HOLD until End of Term     HOLD for Degree

\* HOLD for Change of Grade \* **Course** \_\_\_\_\_ **Semester** \_\_\_\_\_ **Current Grade** \_\_\_\_\_ **Expected Grade** \_\_\_\_\_

**Please indicate where transcript(s) are to be sent (List in Order)**

<u>Name of College/Company</u>	<u>Address</u>	<u>Attention To</u>	<u>Number of copies</u>

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*THIS FORM WILL NOT BE PROCESSED WITHOUT THE STUDENT'S SIGNATURE\*\***

**REGISTRAR'S OFFICE USE ONLY**