

/

Office of the Registrar
94-20 Guy Brewer Blvd., Jamaica, NY 11451
Phone (718) 262-2145 * Fax (718) 262-2631
registrar@york.cuny.edu

Transcript Request

Requests by FAX, E-MAIL or CREDIT CARD PAYMENT WILL NOT BE ACCEPTED.

There is a \$7.00 fee for each transcript request (official or student copy) The fee is not required for requests sent to CUNY Institutions. (Cash or Money Order ONLY Payable to YORK College) In person requests may take up to 5 business days for processing.

If you have any Negative Service Indicator(s) on your record, your request cannot be processed.

*CUNYfirst Empl ID (8 digits): _____ Last 4 digits of SSN: XXX-XX- _____

*NAME: _____
Last First

NAME: _____
(* Name on York College records if different from above)

*Address: _____

*City _____ *State _____ *Zip _____

*Phone: Home _____ Cell _____ Work _____

York College Email: _____

Attended from: _____ Attended to _____ York Graduate: _____
Degree/Year

Send immediately HOLD for end of term HOLD for Degree
 Hold for Grade Change (as listed below)

Course _____ Semester _____ Current Grade _____ Expected Grade _____

Official transcripts will be sent to an institution or agency only as listed below.

Recipient(s):

| <u>Name of Institution</u> | <u>Address</u> | <u>Attention</u> | <u>Number of copies</u> |
|----------------------------|----------------|------------------|-------------------------|
| | | | |
| | | | |

*Student Signature Date

***Required**

****Disclaimer: All information provided will be used to update York College records.**

OFFICE ONLY:

Check all that apply Archive SIMS CUNYfirst

Staff Initial: _____ Date: _____ Photo ID Checked
Rev 2/2020