

## 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:

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**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) 654-5539
  - Defaulted Loan (914) 654-5225
  - Library (914) 654-5877
  - Parking (914) 654-5298
  - Perkins Exit Interview (914) 654-5539

**FOR OFFICE USE ONLY:**

Paid: \_\_\_\_\_ Accepted By: \_\_\_\_\_ (Initials)

Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_ (Initials)

In-Person \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_ (Initials)