

**TRANSCRIPT REQUEST FORM**

A fee of \$7.00 is required for each transcript except those transcripts sent to any unit of the City University of New York (CUNY). Please submit check or money order payable to Baruch College

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name on Record: \_\_\_\_\_  
Last First MI

Present name (if different): \_\_\_\_\_  
Last First MI

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Undergraduate  Graduate

Currently in Attendance?  Yes  No Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Graduated from Baruch College?  Yes  No If yes, Degree and Date: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Do you wish to hold your transcript until final grades are posted for the current semester:  Yes  No

Number of Copies: \_\_\_\_\_ (\$7.00 for each transcript to Non-CUNY unit)

Name and address of Recipient (PRINT): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish to fax the request, please include the Credit Card number and expiration date clearly. Fax# (646) 312 1151

Master  Am. Ex.  Discover Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Student's Signature

\_\_\_\_\_  
Authorizing Issuance of Transcript

\_\_\_\_\_  
Date