

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

STUDENT ID# _____

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 current semester: Yes No

Number of Copies: _____ (\$7.00 for 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