

# Academic Certification Request

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_  
Former Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
UNI (if applicable): \_\_\_\_\_

CU School(s) attended: \_\_\_\_\_

Dates of attendance:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Mail to: <input type="checkbox"/>	# Requested
Name	
Address Line 1	
Address Line 2	
City	
State / Country	Zip / Postal Code

Email: <input type="checkbox"/>	# Requested
Recipient Name	
Email Address Line 1	
Recipient Name	
Email Address Line 2	

Mail to: <input type="checkbox"/>	# Requested
Name	
Address Line 1	
Address Line 2	
City	
State / Country	Zip / Postal Code

Mail to: <input type="checkbox"/>	# Requested
Name	
Address Line 1	
Address Line 2	
City	
State / Country	Zip / Postal Code

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** You must sign the form with a physical handwritten signature for processing. Also, SSC can't produce transcripts for affiliate schools, Barnard, Teacher's College (MA Programs), UTS or JTS you must contact their Registrar's offices directly for assistance.

University Registrar  
[www.registrar.columbia.edu](http://www.registrar.columbia.edu)

**Transcript requests must be submitted electronically:**  
For Morningside students please submit the request to [ssc@columbia.edu](mailto:ssc@columbia.edu) For  
Medical Center students please submit the request to [cumc-rfs@columbia.edu](mailto:cumc-rfs@columbia.edu)