

Request for Transcript

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

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

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

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

Signature: _____

Date: _____

Note: Some HOLDS, such as an outstanding financial responsibility or an unresolved library obligation, will prevent your transcript from being processed and released. You must contact the office that imposed the HOLD in order to have it removed.

University Registrar
www.registrar.columbia.edu

Morningside Campus
Registration & Financial Service Center, 205 Kent Hall (MC 9202)
1140 Amsterdam Avenue, NY, NY 10027
Phone: 212-854-4400

Medical Center
1-141 Black Building, Unit 45
650 West 168th Street, NY, NY 10032
Phone: 212-342-4790