

**OFFICE OF THE REGISTRAR
 FIORELLO H. LaGUARDIA COMMUNITY COLLEGE
 31-10 THOMSON AVENUE, LONG ISLAND CITY, N.Y. 11101**

REQUEST FOR TRANSCRIPT

**Recipient's
 Name
 And
 Address:**

(Name of Recipient)		
(No. & Street)		
(City)	(State)	(Zip Code)
Attn: _____		

**Student's
 Name
 And
 Address:**

(Last name)	(First Name)	(Maiden)
(No. & Street)		
(City)	(State)	(Zip Code)
Student's Signature _____		Date _____

White: Registrar's Copy

Yellow: Confirmation

Pink: Student Copy

S.S. # _____ - _____ - _____

Send as Soon As Possible

OR

End of Current Semester

OR

Hold For Graduation

Number of Copies _____

FOR OFFICIAL USE ONLY

Official Number _____

Unofficial Number _____

CUNY

Fee _____

Check # _____

M/O # _____

Date Received _____

Date sent _____

INSTRUCTIONS:

- 1- Print Firmly completing all items on this form
- 2- Pay the transcript fee of \$7.00 per copy to the Bursar (unless sending to a CUNY school). Checks must include your social security number.
- 3- Submit both the receipt for payment and this request form to the Registrar.
 Use a separate form for each different addressee. Requests are fulfilled in the order in which they are received.

NOTE: An official copy of a transcript can only be sent to other institutions. Students will receive unofficial copies only. All transcripts are mailed. Please allow one week for processing.

No request can be honored for a person whose account with the College is not cleared.