

**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.