



TRANSCRIPT REQUEST FORM

Directions: Complete all required information and **return form with \$7.00** (money order paid to "Lehman College") **for each transcript** you require.

Note: Transcript(s) will be processed within 4-6 weeks when a student has satisfactorily completed a course and/or program and has met all obligations due to the college.

1. Return form and fee(s) to:

Lehman College Continuing Education
Att: Maryann Drago-Dowling, Registrar
Carman Hall, room 128
250 Bedford Park Boulevard West
Bronx, New York 10468-1589

2. Please complete *all* of the following information: (If information is incomplete, it may delay transcript processing. If you attended prior to 1992, the "Semester started/completed" is especially important. Questions: call the Registrar above at (718)960-8077.)

- Name: _____

	First Name	Maiden	Last Name
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- Social Security #: _____
- Home street address: _____ Apt. #: _____
 City: _____ State: _____ Zip: _____
- Day phone #: (_____) _____ - _____ Ext: _____
- Course/Program Title(s) completed: _____
- Semester *started*: _____ Semester *completed*: _____

3. Forward _____ transcript(s) at \$7.00 each (payable by money order) to the following:

1. The student (see address above). Indicate # transcripts to be sent to student: _____
2. Name and Address: _____

3. Name and Address: _____

 For Office Use only: Fee(s) paid: _____ Date Received: _____ Date Sent: _____

