Transcript Request Form

REQUESTS BY FAX, E-MAIL OR CREDIT CARD PAYMENTS WILL NOT BE ACCEPTED!
There is a $7.00 fee for each transcript request (official or student copy). The fee is NOT required for requests sent to CUNY institutions. Checks or money orders should be payable to Lehman College.

**If you have any Negative Service Indicator(s) on your record, your request cannot be processed**

PERSONAL INFORMATION: (PLEASE PRINT)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>M.I.</th>
</tr>
</thead>
</table>

Name while attending Lehman College (If not the same as above):
Select One:   ○ Social Security   ○ EMPLID (CUNYfirst)

Address: Contact Number:
(               )        -

City: State: Zip Code:

Email Address:

☐ YES  ☐ NO  Are you an Alumni/Alumnus?

REQUEST FOR:
☐ Official Transcript- Mailed directly to institution/business

**COMPLETE the name & address of the institution/business below**

☑ Official Transcript- Mailed directly to the student in sealed envelope

**REQUIRES the name of the institution or business below**

DATE OF ATTENDANCE:
Are you currently attending Lehman College?
☐ YES  ☐ NO

If not, state the semester you last attended:

Undergraduate: _________/_______
Graduate: _________/_______

ADDRESS WHERE TRANSCRIPT IS TO BE SENT:

Institution/Business Name:

Attention:

Address:

City: State: Zip Code:

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C.S.123g) protects the confidentiality of student’s educational records. Student records can only be released with the student’s written authorization.

This request will not be processed without the student’s signature.

___________________________________  _____________________________
Student Signature  Date

FOR OFFICE USE ONLY:

Received Date: ______/_____/______
Processed By: ________________  Date: ______/_____/______

☐ CF  ☐ SM  ☐ MC

10/2018