



Office of the Registrar Transcript Request Form

THIS FORM MUST BE MAILED TO: Lehman College, 250 Bedford Park Blvd. West, Bronx, NY 10468, ATTENTION: TRANSCRIPTS Shuster Hall 108. NO FAX OR E-MAIL REQUESTS WILL BE ACCEPTED! For each Transcript request (official or student copy) there is a fee of \$7.00; however, transcripts to other CUNY institutions are free. Checks or money orders should be payable to Lehman College. **NO CREDIT CARD PAYMENTS WILL BE ACCEPTED WITH THE MAIL REQUESTS. ** If you have any STOP(s) on your record, your request cannot be processed without clearance from the appropriate office. ****

PERSONAL INFORMATION:

Last Name:	First Name:	M.I.:
Name while attending Lehman College (If not the same as above):	Social Security Number:	
Address:	Telephone Number:	
City:	State:	Zip Code:

DATE OF ATTENDANCE:

Are you currently attending Lehman College?

YES

NO

If not, state the semester you last attended
MONTH/ DAY/ YEAR:

Undergraduate: ____/____/____

Graduate: ____/____/____

CHECK IF APPLICABLE:

HOLD for current semester grades

HOLD for degree award notation

REQUEST FOR:

Student Copy. ***** Without School Seal *****

Official Transcript – mailed directly to an institution or business. ***** COMPLETE the name and address of the institution or business below. *****

Official Transcript- mailed directly to the student in sealed envelope. ***** write ONLY the name of the institution or business below. *****

ADDRESS WHERE TRANSCRIPT IS TO BE SENT:

***INSTITUTION OR BUSINESS NAME:		
Attention:		
Address:		
City:	State:	Zip Code:

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. S.1232g) protects the confidentiality of student's education records. Student records can only be released with the student's written authorization. **This document will not be processed without the student's signature.**

Student's Signature: _____