



**THIS FORM MUST
BE MAILED TO:**

Lehman College
ATTENTION: Office of the Registrars
Records & Transcripts
250 Bedford Park Blvd. West, Shuster Hall, Rm106
Bronx, New York 10468

TRANSCRIPT REQUEST FORM

NO FAX OR E-MAIL REQUEST 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 Negative Service Indicator(s) on your record, your request cannot be processed without clearance from the appropriate office

PERSONAL INFORMATION: (PLEASE PRINT)

Last Name:		First Name:		M.I.:
Name while attending Lehman College (if not the same as above):		Select one: <input type="radio"/> Social Security <input type="radio"/> Empl ID (CUNY First)		
Address:		Contact Number: () -		
City:		State:	Zip Code: -	
Email Address: _____ @ _____				
<input type="checkbox"/> YES <input type="checkbox"/> NO Are you an Alumni/Alumnus?		<input type="checkbox"/> YES <input type="checkbox"/> NO Would you like to update your information with Alumni Relations?		

DATE OF ATTENDANCE:

Are you currently attending Lehman College?

YES NO

If **not**, state the semester you last attended

Undergraduate: _____/____

Graduate: _____/____

REQUEST FOR:

Official Transcript - mailed directly to an 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*****

Include name of institution or business here:

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 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 Signature _____

FOR OFFICE USE ONLY

Received Date: ___/___/___

Micro SIMS CUNYFirst

Processed by: _____

Date: ___/___/___

