



Westchester Community College

State University of New York

TRANSCRIPT REQUEST FORM

1. Student ID#: _____ DOB _____

Name: First _____ M.I. _____ Last _____ Previous _____

Dates of Attendance: _____ Prior to 1972: Yes NO

2. SELECT:

- PICK UP** or **MAIL** _____ Send transcript **NOW**, although SOME GRADES MAY BE MISSING
- _____ Send transcript at the **END OF THE SEMESTER**
- _____ Send transcript when **DEGREE IS POSTED**

3. Print **EXACT** name, address, and office to which the transcript is to be mailed.

of copies _____ Department / Office / Person _____
School / Organization _____

Address _____

City, State, Zip _____

of copies _____ Department / Office / Person _____
School / Organization _____

Address _____

City, State, Zip _____

4. Signature _____ Date _____

5. Fee. **\$3.00** for each transcript. Include the payment with this form.

6. Mail the Completed form and payment to: **Westchester Community College**
Registrar's Office
75 Grasslands Road
Valhalla, NY10595
(Duplicate This Form For Addition Requests)

TRANSCRIPT SERVICE POLICY

When ordering by mail, attach a check or money order payable to Westchester Community College. Any Punitive codes must be cleared before a transcript can be released. Transcripts will be sent out the next business day. Transcripts to be picked up by a student will be held for no longer than 7 days. Picture identification will be required to pick up transcripts. All requests must be authorized by the student's signature in accordance with the federal FERPA act. Requests by persons other than the student will not be honored without the student's written authorization. Transcripts from other colleges cannot be duplicated. You must contact those colleges directly for transcripts.

FOR OFFICE USE ONLY: PAID _____ TOTAL # _____ DATE PROCESSED _____ PUNITIVE CODES _____