



Westchester Community College

State University of New York

Transcript Request Form

REGISTRAR'S OFFICE

Westchester Community College

75 Grasslands Road, Valhalla, NY 10595

Westchester Community College WILL NOT provide an official transcript to any student or alumnus who has not met his or her financial obligations to WCC. A \$10.00 charge is required for each transcript ordered. Payment must be submitted at the time of request. Requests submitted without payment will not be processed. Photo ID must be presented at pick-up. Transcripts will not be e-mailed or faxed to recipients. Transcripts not claimed within 14 days of printing will be discarded and must be reordered, with full payment.

Please type or print all sections below legibly or transcript processing will be delayed.

Student ID#: _____

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

Birth Date: ___ / ___ / ___ Email: _____ Daytime Phone # () -

Dates of Attendance: _____ Prior to 1972: Yes NO

Your Current Mailing Address:

Street _____

of transcripts to be sent to me at this address.

City, State, Zip _____

I will pick up my transcripts. # of transcripts to be picked up.

3rd Party Pickup (if applicable):

I authorize the person named as 3rd party to pick up my transcripts. (The designee above must present photo ID).

Send Transcripts to Other Addresses Listed Below: (You may list additional addresses on separate sheet if necessary)

The Registrar's Office is not responsible for an incorrect address provided by you. It is your responsibility to check the address for accuracy. If it is incorrect and cannot be delivered, you will have to request and pay for another official transcript with the correct address.

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

of transcripts to be sent to this address.

Department / Office / Person _____

School / Organization _____

Address _____

City, State, Zip _____

of transcripts to be sent to this address.

Department / Office / Person _____

School / Organization _____

Address _____

City, State, Zip _____

SELECT ONE

_____ Send transcript **NOW**, although SOME GRADES may be MISSING.

_____ HOLD transcript until the **END OF THE SEMESTER**

_____ HOLD transcript until DEGREE is posted

TOTAL CHARGES: \$10 PER COPY X COPIES = TOTAL CHARGE \$

Please enclose a check or Money Order (CASH NOT ACCEPTED) made payable to **Westchester Community College** for the total amount.

Signature : _____ Date : _____

TRANSCRIPT SERVICE POLICY

Any transcript request made in person for pickup will be ready the next business day. All other requests require two (2) business days to process. Allow up to 7 business days during busy registration periods and just following Commencement. Be sure to sign above. All holds must be cleared before a transcript can be released. Transcripts from other colleges cannot be duplicated. You must contact those colleges directly for transcripts. **UNSIGNED FORMS CANNOT BE PROCESSED! INCOMPLETE FORMS CANNOT BE PROCESSED!**

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