

TRANSCRIPT REQUEST FORM

Please complete steps 1 through 10 on this form as accurately as possible. **A transcript will not be processed without a signature (#11).** There is no fee for transcripts being sent to a third party, but there is a \$5 fee (mail check or money order only) for transcripts being sent/given directly to the student. When completed, you may fax this form to the Transcript Office at (516) 463-2157 or mail it to: Transcript Office, Memorial Hall Room 213, 126 Hofstra University, Hempstead, NY 11549-1260. Please note, it will take approximately 7-10 business days to receive a transcript from when the office receives the request. For any special instructions (e.g. ASAP, Hold for pick-up, **Maiden name**), please note them in the box near the bottom of this form. If there are any questions, please call (516) 463-6680, option 1.

1. STUDENT ID NUMBER:

7	0					
---	---	--	--	--	--	--

2. SOCIAL SECURITY NUMBER:

(only needed if you do not know your student ID number)

--	--	--	--	--	--	--

3. YOUR NAME AND ADDRESS:

Name:
Address:
ZIP:

4. DATE OF BIRTH:

--	--	--

5. DAYTIME PHONE NUMBER:

() _____

(If you would like your address updated, please check here)

6. GRADUATE

UNDERGRADUATE

CERTIFICATE LEVEL / CONTINUED LEARNER

7. DEGREE AWARDED

YES: Year _____ NO

8. NOT CURRENTLY ENROLLED: What was your last term here? Term _____ Year _____

CURRENTLY ENROLLED: Do you wish to hold your transcript(s) for this term's grades?

NO YES: Term _____ Year _____

9. NUMBER OF TRANSCRIPTS REQUESTED: _____ OFFICIAL _____ STUDENT _____

10. NAME(S) AND ADDRESS(ES) TO WHOM YOUR TRANSCRIPT(S) SHOULD BE SENT:

RECIPIENT #1

RECIPIENT #2 (if applicable)

Name:	Name:
Address:	Address:
ZIP:	ZIP:

* 11. SIGNATURE _____ DATE _____

Special instructions:

For office use only.	Processed by: _____ # / Type: _____ OFFL _____ STDT _____ CL
Amt. paid: \$ _____	Check / Cash / MO Mailed by: _____ Sent / Picked up: _____