

Transcript and Certificate Request Form - Non-Credit



Processing of the request generally takes approximately two business days. There is a non-refundable \$10.00 per copy processing fee for all transcript requests and a \$15.00 per copy processing fee for all certificate-reprint request sent to entities excluding Alaska, Hawaii and any international requests; which must be paid in full at time of request by student's own personal check, money order, Master Card, Visa, or American Express; cash is not accepted. Transcript(s) sent to Alaska and/or Hawaii and/or international there is a non-refundable processing fee of \$25.00 per copy.

Official Transcripts will be mailed to student's home address or a third-party. Please note any special instructions (e.g. Maiden name) in below section.

All requests must be made by completing this form. Transcripts and Certificates are not available for request for any date prior to September 2006.

For your convenience, you may fax this form to (516) 463-4836 or mail it to:

Hofstra University Continuing Education

Oak Street Center

255 Hofstra University

Hempstead, NY 11549-2550

Attention: Registrar

Note: Transcript Requests - Credit Students

Credit students (Undergraduate/Graduate students) must request a transcript from the

Hofstra University Office of Academic Records Office; its transcript request form can be obtained at

http://hofstra.edu/StudentAffairs/StudentServices/AcademicRecords/acdrec_transcripts.html

*FIELDS WITH AN ASTERISK ARE REQUIRED

*Last Name *First Name

*Address

*City *State *Zip

Cell Phone # E-Mail Address

*# of Transcripts Requested <input type="text"/>	Fee per Transcript Request <input type="text" value="\$10.00"/>	Balance Due <input type="text"/>
*# of Certificates Requested <input type="text"/>	Fee per Transcript Request <input type="text" value="\$15.00"/>	Balance Due <input type="text"/>
		Total Balance Due <input type="text"/>

What was your last term here? Enter the year. What was your Program that you were enrolled in?

RECIPIENT #1

*Name

*Business or School

*Address

*City *State *Zip

RECIPIENT #2

Name

Business or School

Address

City State Zip

Payments – Hofstra Continuing Education administration will invoice registrant. Transcripts and certificates will be provided upon payment.

FOR OFFICE USE ONLY		
Date	<input type="text"/>	<input type="text"/>
Initials	<input type="text"/>	<input type="text"/>
Order #	<input type="text"/>	
Payment Reference #	<input type="text"/>	

Special Instructions