



HOFSTRA UNIVERSITY

Office of Academic Records and Registrar
207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260

TRANSCRIPT REQUEST FORM

Please complete this form as accurately as possible. **A transcript will not be processed without a signature (#12).** There is a \$5 fee (payable by check or money order only) for each transcript copy requested by submission of the paper form. (Note: All transcript requests submitted online are free of charge.) Additional fee applies for same-day service and express mail service. Once completed, please scan form to **registrar@hofstra.edu**, fax this form to the Transcript Office at **516-463-6421**, or mail to Transcript Office, 207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260. It takes approximately 7-10 business days to process and send a transcript once requested. Please note any special instructions (e.g., ASAP, hold for pickup, maiden name) in the box on the bottom of this form. If you have any questions, please call **516-463-8000**, option 2.

1. STUDENT ID NUMBER

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2. SOCIAL SECURITY NUMBER

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

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3. NAME AND ADDRESS

Name _____

Name while in attendance _____

Address _____

City _____ State _____ ZIP _____

If you would like your address updated, please check here.

- 6. GRADUATE
- UNDERGRADUATE
- CERTIFICATE LEVEL/CONTINUING LEARNER

4. DATE OF BIRTH

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5. DAYTIME PHONE NUMBER

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7. DEGREE AWARDED

YES: Year _____ NO

- 8. NOT CURRENTLY ENROLLED: When was your last semester? Semester _____ Year _____
- CURRENTLY ENROLLED: Do you wish to hold your transcript(s) for this semester's grades?
 NO YES: Semester _____ Year _____

9. NUMBER OF TRANSCRIPTS REQUESTED OFFICIAL _____ STUDENT _____

10. TRANSCRIPT(S) WILL BE PICKED UP MAILED

11. NAME(S) AND ADDRESS(ES) TO WHOM YOUR TRANSCRIPT(S) SHOULD BE MAILED

RECIPIENT #1

Name _____

Address _____

City _____

State _____ ZIP _____

RECIPIENT #2 (if applicable)

Name _____

Address _____

City _____

State _____ ZIP _____

12. SIGNATURE _____ DATE _____

Special instructions: _____

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