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
    7 0

2. SOCIAL SECURITY NUMBER
   (required only if you do not know your student ID number)

3. NAME AND ADDRESS
   Name __________________________________________________________
   Name while in attendance ________________________________________
   Address ________________________________________________________
   City________________________ State________ ZIP________
   If you would like your address updated, please check here.  

4. DATE OF BIRTH
   __ | __ | __

5. DAYTIME PHONE NUMBER
   (          )________________________________

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

7. DEGREE AWARDED
   ☐ YES: Year __________  ☐ NO

   ☐ CURRENTLY ENROLLED: Do you wish to hold your transcript(s) for this semester’s grades?
   ☐ NO  ☐ YES: Semester ________________ Year _______

8. ☐ NOT CURRENTLY ENROLLED: When was your last semester?  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

<table>
<thead>
<tr>
<th>RECIPIENT #1</th>
<th>RECIPIENT #2 (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name__________________________</td>
<td>Name__________________________</td>
</tr>
<tr>
<td>Address________________________________</td>
<td>Address________________________________</td>
</tr>
<tr>
<td>City________________________ State________ ZIP________</td>
<td>City________________________ State________ ZIP________</td>
</tr>
</tbody>
</table>

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:_____________