

## TRANSCRIPT REQUEST FORM

- Please complete a separate request for each place a transcript is to be sent.
- Fill out all requested data. This will expedite your request.
- Please type or print clearly and firmly.
- Transcript charge \$7.00 per transcript, payable by check or money order only to CUNY School of Public Health (No charge for CUNY colleges).

**Please note:**

Transcripts released directly to the student are “student copies” and are unofficial. Sealed copies may be released to the student in certain cases (e.g. self-managed application for admission) **if the name and address of the organization is provided.**

Date: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Student’s Name: \_\_\_\_\_  
Last First Middle

**CUNYfirst Student ID Number:** \_\_\_\_\_

Email address: \_\_\_\_\_

Student’s Address: \_\_\_\_\_  
Number and Street City State Zip

Code Discipline:  Permit  Matriculate  Non-Matriculated

Are you **currently** enrolled at CUNY SPH:  Yes  No If no, Last Date Attended: \_\_\_\_\_

Are you a Graduate of CUNY SPH:  Yes  No

If yes, provide Date of Graduation: \_\_\_\_\_  
Month/Year Program/Degree

Student’s Signature: \_\_\_\_\_

Please print the Name, Office, Address and Zip Code of the place where you want the transcript to be sent.

  
  
  
  
  
  
  
  
  
  

**SUBMIT the completed form via USPS mail to Office of the Registrar - 55 W. 125<sup>th</sup> Street, 5<sup>th</sup> floor, New York, NY 10027**

Note: It will take 7 – 10 Business Days for this request to be processed upon receipt, email [Registrar@sph.cuny.edu](mailto:Registrar@sph.cuny.edu) If you have questions

\*\*\*\*this form will not be processed without the student’s signature\*\*\*\*

Office Use Only

Fee Paid: \_\_\_\_ Transcript Mailed: \_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_