LaGuardia Community College

Office of the Registrar - Division of Student Affairs

Transcript Request

1. Please, complete all portions of the form. Requests are fulfilled in the order in which they are received.
2. Go to Bursar's Office, room C-110 to pay a processing fee of **$ 7.00 per copy** except those transcript sent to any unit of the City University of New York **(CUNY)**
3. Return to the Registrar's Office, room C-107 with proof of payment and this form.
4. No request can be honored for a person whose account with the college is has outstanding holds
   IMPORTANT: An ***official*** copy of a transcript can **ONLY** be addressed to other institutions, not to students. **Please allow at least 2 business days for processing.**

PLEASE PRINT CLEARLY

CUNYfirst EMPL ID# or SSN #

_____ _____ _____ _____

Last Name | First Name | Middle Initial | Name while in Attendance

Phone № _____/_____-_____ E-mail address: _____

TRANSCRIPT REQUEST 1

_____

Name of Recipient

_____

Street

_____

City State Zip Code

Attn: _____

Quantity ☐

☐ Official ☐ Unofficial

Please choose:

- ☐ Mail
- ☐ Pick up
- ☐ Hold for degree posting
- ☐ Hold for current term grades

TRANSCRIPT REQUEST 2

_____

Name of Recipient

_____

Street

_____

City State Zip Code

Attn: _____

Quantity ☐

☐ Official ☐ Unofficial

Please choose:

- ☐ Mail
- ☐ Pick up
- ☐ Hold for degree posting
- ☐ Hold for current term grades

Student's Signature: _____

*Signature from Pick-up:*_____ *Date:* _____/_____/_____

Transcript Pick-up

Student Initial: _____

Date: _____/_____/_____

Office use only

Fee $_____ Check or M/O #_____

Date Received _____ Date sent _____

Processed by: _____ *Date:* _____/_____/_____

RO-019/Revised: TL-07/2016

Original – Registrar's Office Yellow copy – Student

ADDRESS: 31-10 Thomson Avenue
Long Island City, NY 11101
PHONE: 718-482-7200
WEB: www.laguardia.edu

CUNY The City University of New York