



LaGuardia Community College - Office of the Registrar

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

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CUNYfirst EMPL ID#

Last Name

First Name

Middle Initial

Name while in Attendance

Phone No

E-mail address:

TRANSCRIPT REQUEST 1

<p>Name of Recipient</p>			<p>Quantity</p> <p><input type="checkbox"/> <input type="checkbox"/> Official</p> <p><input type="checkbox"/> <input type="checkbox"/> Unofficial</p> <p>Please choose:</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Pick up</p> <p><input type="checkbox"/> Hold for degree posting</p> <p><input type="checkbox"/> Hold for Session I grades</p> <p><input type="checkbox"/> Hold for Session II grades</p>
<p>Street</p>			
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>Attn: _____</p>			

TRANSCRIPT REQUEST 2

<p>Name of Recipient</p>			<p>Quantity</p> <p><input type="checkbox"/> <input type="checkbox"/> Official</p> <p><input type="checkbox"/> <input type="checkbox"/> Unofficial</p> <p>Please choose:</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Pick up</p> <p><input type="checkbox"/> Hold for degree posting</p> <p><input type="checkbox"/> Hold for Session I grades</p> <p><input type="checkbox"/> Hold for Session II grades</p>
<p>Street</p>			
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>Attn: _____</p>			

Student's Signature: _____

Signature from Pick-up: _____

Date: _____

Transcript Pick-up

Student Initial: _____

Date: _____

Registrar's Office use only

Fee \$ _____ Check or M/O # _____

Date Received _____ Date sent _____

Processed by: _____ **Date:** _____

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

