



OFFICE OF RECORDS AND REGISTRATION
 GRADUATE DIVISION

HENRY KAUFMAN MANAGEMENT CENTER
 44 WEST FOURTH STREET, SUITE 6-100
 NEW YORK, NY 10012-1126
 TEL: 212-998-0660
 FAX: 212-995-4424

Transcript Request Form

Stern Graduate Students & Alumni

PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING

PERSONAL INFORMATION (Please Print in Block Letters Clearly)		
Full Name: (Last, First, M.I.)	Student ID #:	D.O.B: ____/____/____

If attended under any other name, please indicate: (Last, First, M.I.)

Local Address:

Local Phone No.: (____) _____	Business Phone No.: (____) _____	E-mail:
----------------------------------	-------------------------------------	---------

Expected Graduation Date: (matriculated students only) <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> May Year: _____	Graduation Date: (non-matriculated students/Alumni only) <input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> May Year: _____
--	--

Term and Year of Last Attendance: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	Degree Type: (Check <input checked="" type="checkbox"/> one) <input type="checkbox"/> MBA <input type="checkbox"/> MS Acct <input type="checkbox"/> MS Info. Sys <input type="checkbox"/> MS Stat OR <input type="checkbox"/> APC <input type="checkbox"/> PhD
--	---

TRANSCRIPT INFORMATION	
Total Number of Transcripts: (select <input checked="" type="checkbox"/> maximum of 10) <input type="checkbox"/> ① <input type="checkbox"/> ② <input type="checkbox"/> ③ <input type="checkbox"/> ④ <input type="checkbox"/> ⑤ <input type="checkbox"/> ⑥ <input type="checkbox"/> ⑦ <input type="checkbox"/> ⑧ <input type="checkbox"/> ⑨ <input type="checkbox"/> ⑩	Type of Transcript(s): <input type="checkbox"/> Official (with University seal) <input type="checkbox"/> Unofficial (for your use only; no University seal)

Transcript Handling (please read carefully and Check one)

<input type="checkbox"/> Addressed to self and mailed to my address above.	<input type="checkbox"/> Addressed to recipient below and mailed.
<input type="checkbox"/> Addressed to self and held for pick-up.	<input type="checkbox"/> Addressed to recipient below and held for pick-up.

If ordering more than one "Official" transcript: Do you want each transcript in a separate, sealed envelope? Yes No

Full Name and Address of Recipient:

Your Signature:	Date:
-----------------	-------

OFFICE USE ONLY
Date Ordered:
Date Sent:
Initials: