# Transcript Request Form

**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**

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## Transcript Request Form

**Stern Graduate Students & Alumni**

PLEASE ALLOW 3-5 BUSINESS DAYS FOR PROCESSING

### PERSONAL INFORMATION (Please Print in Block Letters Clearly)

<table>
<thead>
<tr>
<th>Full Name: (Last, First, M.I)</th>
<th>Student ID #:</th>
<th>D.O.B:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)  
- September
- January
- May
Year: _________

Graduation Date: (non-matriculated students/Alumni only)  
- September
- January
- May
Year: _________

Term and Year of Last Attendance:  
- Fall
- Spring
- Summer
Year: _______

Degree Type: (Check one)  
- MBA
- MS Acct
- MS Info. Sys
- MS Stat OR
- APC
- PhD

### TRANSCRIPT INFORMATION

<table>
<thead>
<tr>
<th>Total Number of Transcripts: (select maximum of 10)</th>
<th>Type of Transcript(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>Official (with University seal) Unofficial (for your use only; no University seal)</td>
</tr>
</tbody>
</table>

Transcript Handling (please read carefully and Check one)

- Addressed to self and mailed to my address above.
- Addressed to self and held for pick-up.
- Addressed to recipient below and mailed.
- 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:  

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OFFICE USE ONLY

Date Ordered:  

Date Sent:  

Initials:  

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