



Authorization / Request For Transcript of Records

Instructions: Print clearly or type all information requested on this form. Attach your check or Money Order payable to NYCTCM for \$10.00, plus any balance due to NYCTCM. (Account must be current in order to process this request.) Complete a separate form for each transcript requested.

- Official Transcript: Will be sent directly to the recipient named below, and will bear the official NYCTCM seal.
- Student Copy: Will be sent directly to the recipient named below, and will NOT bear the official NYCTCM seal.

SS# _____

Last Name: _____ First Name _____ Middle Name _____

Phone (Home) _____ Cell Phone _____

Address: Street _____

City _____ State _____ Zip _____

Please check Matriculated Student, Non-Matriculated Student, Withdrawal Student

Dates of attendance: From _____ To _____

Year of Graduation _____ or Presently attending since _____

Hold to include final grades for the Winter, Spring, Fall trimester.

-----Please enter below the exact address where transcript is to be sent -----

TO: OFFICE OF THE REGISTRAR – TRANSCRIPT REQUEST

Official Use Only
Request Mailed On: _____

Student Signature

Date

Financial Manager Signature

Date