

TRANSCRIPT REQUEST FORM

A fee of \$7.00 is required for **each** transcript except those transcripts sent to any unit of the City University of New York (C.U.N.Y.). Please submit **only** money order payable to Medgar Evers College.

Name on Record: _____
Last First M.I.

Present name (if different): _____
Last First M.I.

Social Security Number: _____ Date of Birth: _____

Present Address: _____

Day Phone #: _____ Email Address: _____

Please check the appropriate answer:

Undergraduate: _____ Graduate _____

Matriculated: _____ Non-Degree _____

Graduated from Medgar Evers College? _____ Yes _____ No

If yes, Degree and Date: _____

Currently in Attendance: _____ Yes _____ No

Dates of Attendance: _____ to _____

Name and Address of Recipient: _____

Student's Signature

Date

Authorizing Issuance of Transcript