



# TOURO COLLEGE

Office of the Registrar 27-33 West 23rd Street New York NY 10010  
Tel: (212) 463-0400 Fax : (212)463-9259

## Transcript Request Form

<b>Date Received</b>
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Hold For Current Semester Grades

For GED purposes only

Hold For Graduation Date \_\_\_\_\_

### **READ ALL INSTRUCTIONS FIRST!**

All transcript requests must be cleared by the Bursar before processing. Processing of transcripts requires 7 to 10 business days (after receiving Bursar clearance), longer during peak periods. The fee for official transcripts bearing the seal of the college is \$10 per copy. There is no fee for unofficial or 'student' copies.



**We accept only payments made by money order or credit card (Visa or MasterCard ONLY.)**



You will receive one student copy of your transcript per order. If you need more copies, please indicate in the space provided below. The student copy will be sent to you at the same time the official copies are sent. This is your confirmation that the official transcript has been issued.

### **PLEASE BE SURE TO SIGN AND DATE THIS FORM**

Name \_\_\_\_\_  
*First Last Middle/Maiden*

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Program/Extension \_\_\_\_\_

#### **Mailing Address**

Number and Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*Day Evening*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **Organizations and Addresses**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<b>For office use only</b>	
Date mailed	_____
Initials	_____
Date mailed	_____
Initials	_____
Date mailed	_____
Initials	_____



Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ (Insert V-Code from back of card) \_\_\_\_\_

Name on credit card \_\_\_\_\_

#### **BURSAR USE ONLY**

Number of official copies @ \$10.00 each ..... Fee paid \_\_\_\_\_

Student copy ..... No Fee \_\_\_\_\_ transreq9/05esms