



Office of Registrar
Colston Hall, Room 513
P: 718.289.5710
F: 718.289.6308

Bronx Community College
of The City University of New York
2155 University Avenue
Bronx, New York 10453

TRANSCRIPT REQUEST FORM

\$7 Non-Refundable Fee Payable at the Bursar's Office or Online

Transcript Requested: Official Transcript
 Unofficial Transcript

- Official transcripts are released ONLY to other institutions or workplaces.
- Unofficial transcripts are released ONLY to students and alumnus.
- All financial and other obligations to the college must be met before transcript requests are processed.
- Transcripts sent to another CUNY College are free.
- To pay with a credit card, you will need to request your transcript via Transcript Plus at: <http://www.bcc.cuny.edu/Registrar/Transcripts/>. Transcript requests generally take 5-10 business days for processing.

PART I: Contact Information

Student's Name: _____
Last First Middle Initial

Current Address: _____
Street Address Apartment#
City State Zip Code

CUNYfirst EMPL ID#: _____ National ID#: _____

Email Address: _____ Date of Birth: ____/____/____

Home Phone#: _____ Cell Phone#: _____

PART II: College Information

- Are you currently enrolled at Bronx Community College? Yes No
 - If yes, do you want your transcript held until final grades are posted for the current semester? Yes No
 - If no, did you attend BCC before September 1997? Yes No
- Did you complete your degree at BCC? Yes No
- Did your name change from the last time you attended BCC? Yes No
 - If yes, what was your name prior to leaving? _____
- Do you want to pick up this transcript? Yes No
- Number of copies requesting _____ (NOTE: There is a \$7.00 fee for each transcript requested to non-CUNY colleges)

The above statements are true and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

PART III: Transcript Recipient Information

Institution/Company: _____
Street Address: _____
City, State, Zip Code: _____
Attention: _____

FOR OFFICIAL OFFICE USE ONLY – REGISTRAR'S OFFICE

Received By: _____ Comments: _____

Processed By: _____ Date: _____
Registrar Representative's Signature