

Request Form

Date of Request: _____

- Female
 Male

First Name _____ Last Name _____

Address: _____

Phone Number: _____ - _____ - _____

Dates of Attendance: _____

Program Attended: _____

I am Requesting:

- An official transcript for an educational institution (\$7 fee per transcript)
- An unofficial transcript for student use (\$7 fee per transcript)
- A grade letter (**current semester only**)
- A status letter
- A certificate
- A duplicate certificate (\$25 fee)

(Student's Signature)

We do NOT accept Personal Checks

<p>Please explain what, if any, specific information you would like to be included in your letter:</p> <p>_____</p> <p>_____</p> <p>_____</p>

The document I have requested is to be

- Picked up on: **Student will be contacted when ready.**
 Mailed to (address): _____

Please allow at least 3 business days for completion of these documents.

Email this form to caps@baruch.cuny.edu