

## **Request for Transcript**

rst Name: iddle Initial: prmer Name(s):	Phone Number:  Email:  UNI (if applicable):
U School(s) attended:	Dates of attendance:  From: To:
Mail to: Email: # Requested	Mail to: Email: # Requested
Name	Name
Address Line 1	Address Line 1
Address Line 2	Address Line 2
City	City
State / Country Zip / Postal Code	State / Country Zip / Postal Code
Mail to: Email: # Requested	Mail to: Email: # Requested
Name	Name
Address Line 1	Address Line 1
Address Line 2	Address Line 2
City	City
State / Country Zip / Postal Code	State / Country Zip / Postal Code

**Note:** Some HOLDS, such as an outstanding financial responsibility or an unresolved library obligation, will prevent your transcript from being processed and released. You must contact the office that imposed the HOLD in order to have it removed.

University Registrar www.registrar.columbia.edu

## Transcript requests must be submitted electronically:

For Morningside students please submit the request to ssc@columbia.edu For Medical Center students please submit the request to cumc-rfs@columbia.edu