

Request for Transcript

Last Name: _____
 First Name: _____
 Middle Initial: _____
 Former Name(s): _____

Date of Birth: _____
 Phone Number: _____
 Email: _____
 UNI (if applicable): _____

CU School(s) attended: _____

Dates of attendance:
 From: _____ To: _____

Mail to: <input type="checkbox"/>	# Requested
Name	
Address Line 1	
Address Line 2	
City	
State / Country	Zip / Postal Code

Email: <input type="checkbox"/>	# Requested
Recipient Name	
Email Address Line 1	
Recipient Name	
Email Address Line 2	

Mail to: <input type="checkbox"/>	# Requested
Name	
Address Line 1	
Address Line 2	
City	
State / Country	Zip / Postal Code

Mail to: <input type="checkbox"/>	# Requested
Name	
Address Line 1	
Address Line 2	
City	
State / Country	Zip / Postal Code

Signature: _____

Date: _____

Note: You must sign the form with a physical handwritten signature for processing. Also, SSC can't produce transcripts for affiliate schools, Barnard, Teacher's College (MA Programs), UTS or JTS you must contact their Registrar's offices directly for assistance

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