REQUEST FOR TRANSCRIPT OF RECORD
FORDHAM UNIVERSITY
441 East Fordham Road, Bronx, NY 10458
113 West 60th Street, New York, NY 10023

Circle here for OFFICE PICK UP

Student ID: ____________________

Name: ________________________
(First Name) (Middle Name) (Last Name) (Suffix)

If you attended Fordham under a different name, please indicate your former name BELOW:

____________________________________

Home Address: ______________________
(Number, Street, Apt #)     (City and State)   (Zip Code)

Daytime Phone # _____________________

REGULATIONS GOVERNING TRANSCRIPTS OF RECORD
1. There is no charge for providing a Fordham University transcript. While normal processing will be free of charge, there will be a special service charge of $25 for processing that requires 24 hour service (immediate requests.) Immediate transcript requests must be received prior to 3:00 PM and will be sent via ground mail, unless requestor specifies express mail or pick-up service.
2. Requests will be honored as quickly as possible (generally 7 to 10 business days) in the order of application; however, during busy periods such as examinations, commencement, registration, etc., there will be some delay. Therefore, transcripts should be requested well in advance of these periods.
3. Neither Official nor Unofficial Transcripts may be released if you have a financial obligation to the University.

Presently Attending

Had Attended

Approximate Dates of Attendance: ______________________

Check type of transcript and indicate number of transcript(s) desired:

OFFICIAL transcripts are sent to a college, university, a State or Federal agency, etc. Official transcripts will not be sent directly to a student except when the student provides the name of the institution requesting the transcript. Transcript will be given to student in a sealed envelope with Registrar’s signature across the back. If the envelope is opened by the student, the transcript will no longer be official and/or valid.

UNOFFICIAL transcripts, for a student’s personal or general use, do not bear the official seal of the University and may be sent directly to the student.

OFFICIAL COPY    UNOFFICIAL COPY

Check the appropriate box if you would like to hold your transcript for:

FALL GRADES    SPRING GRADES    SUMMER GRADES    DEGREE POSTING

Expected Date of Graduation: ______________________

School(s) Attended (check all that applies or write name of school):

OTHER ________
Bensalem
Fordham College - Lincoln Center
Fordham College - Rose Hill
Gabelli School of Business(CBA-Undergraduate)
Gabelli School of Business(GSB-Graduate)
General Studies
Graduate Arts & Sciences
Graduate Education
Graduate Religious Ed
Graduate Social Service
Ignatius College
LAW (DO NOT USE please contact School of Law)
Marymount College of Fordham U.
Pharmacy
Pharmacies & Letters
Professional & Continuing Studies (Liberal Studies)
Summer Session
Thomas More College
Weekend Coll. (Marymount prior to July 2002)
Women’s Coll. (Marymount prior to July 2002)

Signature: ________________________
Date: ________________________

PRINT PLAINLY below, the name and address of the person, agency or institution you wish to receive this transcript.

name of institution requesting transcript

rev: AR12/17