

TRANSCRIPT REQUEST FORM

Instructions:

- Fill out form completely (be sure to sign request). This form can be FAXED to 718.429.5291 or SCANNED and attached to an email to: samantha.boodoosingh@vaughn.edu or mailed to 86-01 23rd Ave. Flushing NY 11369.
- Pay processing fee \$8 per copy (undergraduate **OR** graduate) via phone to The Student Accounts Dept. at 718.429.6600 ext. 180 using any major credit card.

*****Attention*****

- **No request will be processed unless all financial and other obligations to the college have been fulfilled.**
- **Requests are processed in the order received. Normal processing time is 3-5 business days.**

PLEASE PRINT CLEARLY

(First Name)

(MI)

(Last Name)

Name in Attendance (if Different): _____

CURRENT ADDRESS:

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTACT NUMBER: _____

Date of Birth: _____ STUDENT ID or SSN#: _____

STUDENT SIGNATURE: _____ DATE: _____

PLEASE SELECT WHAT APPLIES:

Currently Enrolled: Yes No *****HOLD**** Final Grades Graduation date/Alumni Status

Academic Level: Undergraduate Graduate Type of Transcript: Unofficial/Student Official (Sealed)

Circle Choice: Mail Transcript(s) to the address below/above I Prefer to Pick-Up my Transcript

I HEREBY GIVE CONSENT TO VAUGHN COLLEGE TO RELEASE MY TRANSCRIPT(S) TO:

NAME/NAME OF INSTITUTION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ATTENTION TO/CONTACT PERSON: _____

PRIVACY ACT STATEMENT: Data required by the Privacy Act of 1974.

AUTHORITY: Title 38, U.S. Code, Section 1621, 1622, and 1623

DISCLOSURE: Disclosure of your Social Security Number and other person information is voluntary. However, your application cannot be processed if requested information is not provided.

Bursar's Office Use ONLY:

Number of Copies: _____ Processed By: _____