



Cardozo School of Law
Office of the Registrar

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OFFICIAL TRANSCRIPT REQUEST FORM

- OFFICIAL TRANSCRIPTS CANNOT BE GIVEN TO STUDENTS.** Students may obtain "Unofficial" copies. If an "Official Transcript" is required for an interview, or an application, please indicate the recipient(s) name, company and address, and we will provide it to you in a sealed envelope.
- If you wish to pick up the transcript in the Office of the Registrar, please check here ()

Name: _____ Student ID # _____

Current Address: _____
Number & Street City State Zip Code

Home Phone # (_____) _____ Cell Phone # (_____) _____

RELEASE TRANSCRIPT:

- () As currently recorded () After degree is recorded () Other (please specify): _____
- () After grades are recorded for: Fall: _____ Spring: _____ Summer: _____

REASON FOR THIS REQUEST:

- () Summer School () Employment () Transfer (please specify which school) _____
- () Scholarship () Graduate Study () Bar Exam () Other: _____

COMMENTS: _____

I hereby consent to have my transcript released to the address indicated below:

Signature Date

Please use this space below to print the Name and Address of the place(s) to which your transcript is being sent. Use reverse side of this sheet if more space is needed.

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Date Received: _____ Date Sent: _____