



Cardozo School of Law  
Office of the Registrar

55 Fifth Ave. Room 1034  
New York, NY 10003-4391  
Tel: (212) 790-0295  
Fax: (212) 790-0341

## TRANSCRIPT REQUEST FORM

**We only release transcripts to students with a picture ID (driver's license or student ID).**

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

**Delivery Method:** Hold for Pickup  Mail to Applicant  Mail to Address below

\*\*\*\*\*  
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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**For Office Use Only- Do Not Write Below This Line**