

## 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: [ayoka.lawrence@vaughn.edu](mailto:ayoka.lawrence@vaughn.edu) or mailed to 86-01 23<sup>rd</sup> 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.**

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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: \_\_\_\_\_

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### 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

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### 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.*

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### Bursar's Office Use ONLY:

Number of Copies: \_\_\_\_\_ Processed By: \_\_\_\_\_