



# TOURO COLLEGE

Office of the Registrar: 320 West 31st St, New York NY 10001  
Tel: (212) 463-0400 Fax: (646) 495-3868

## Transcript Request Form

Date Received
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- Hold for Current Semester Grades
- Hold for Graduation Date

### READ ALL INSTRUCTIONS FIRST!

All transcript requests must be cleared by the Bursar before processing. **Processing of transcripts requires 7 to 10 business days (after receiving Bursar clearance), longer during peak periods.**

This form should only be used for the following transcript requests:

- An official transcript for GED submission
- An official transcript to another Touro division
- An unofficial copy only (Students are encouraged to go to TCWeb to print a grade report)

**PLEASE BE SURE TO SIGN AND DATE THIS FORM**

Name \_\_\_\_\_  
*First Last Middle/Maiden*

Social Security/ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Program/Extension \_\_\_\_\_

**Mailing Address**  
Number and Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Organizations and Addresses

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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For office use only
Date mailed _____
Initials _____
Date mailed _____
Initials _____
Date mailed _____
Initials _____

### BURSAR USE ONLY

Number of official copies..... \_\_\_\_\_

Student copy ..... \_\_\_\_\_

No Fee \_\_\_\_\_ transreq9/05csms