



# TOURO COLLEGE

Office of the Registrar 27-33 West 23rd Street New York NY 10010  
Tel: (212) 463-0400 Fax : (212)463-9259

## Transcript Request Form

Date Received
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### 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 \_\_\_\_\_ transreq9/05esms