

Office of Records and Registration 150 West 85th Street New York NY 10024 Tel 212-580-0210 Fax 212-580-2474

## TRANSCRIPT REQUEST FORM

**PICK-UP OR SEND TO:** (Please Print)

Name: _____
Address: _____ _____
City/State: _____ Zip: _____

- \_\_\_\_\_ Send Transcript – No Fee  
Quantity (Please allow 5 business days)  
 (Limit 10/week)
- \_\_\_\_\_ Pick-up Transcript – No Fee  
Quantity (Please allow 5 business days)  
 (Limit 10/week)
- \_\_\_\_\_ Express Service - \$4 each  
Quantity
- \_\_\_\_\_ Fed-Ex Service - \$15 each address  
Quantity (No P.O. Box accepted.)

**THE FOLLOWING INFORMATION IS NECESSARY TO LOCATE YOUR ACADEMIC RECORD:**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Name under which you attended (if different): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_\_  
MONTH/DAY/YEAR

Terms of Attendance: \_\_\_\_\_ Through: \_\_\_\_\_  
TERM/YEAR TERM/YEAR

Degree Awarded: \_\_\_\_\_ Date: \_\_\_\_\_

- Options:
- Process immediately
  - Wait until all grades are entered for following term: \_\_\_\_\_
  - Hold for Degree Posting. Degree: \_\_\_\_\_
  - Hold for Grade Change. Course: \_\_\_\_\_ Term: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**REQUIRED TO RELEASE TRANSCRIPT**

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Your Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**PROGRAM:**

**Mannes College:**

- Bachelor of Music
- Bachelor of Science
- Undergraduate Diploma
- Master of Music
- Professional Studies Diploma

**Extension Division:**

- Diploma
- General Credit
- Other: \_\_\_\_\_

**The New School does not maintain transcripts for non-credit enrollment.**

**PLEASE NOTE:**

Pre-1995 transcript records may require 7 business days to process.

For FedEx service; exact change, check or money order payable to The New School.

**FOR OFFICE USE ONLY:**

_____ transcript(s) – No Fee _____ transcript(s) @ \$4 = _____ _____ transcript(s) @ \$15 = _____ _____ Total transcript(s) = _____	<input type="checkbox"/> Transcript Processed on: _____ <small align="right">DATE</small> <input type="checkbox"/> Transcript Withheld: <i>see explanation on back of form</i> Employee Initials: _____ Date: _____
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