

TRANSCRIPT REQUEST POLICY AND INSTRUCTIONS

We are committed to providing our students with quality service in a timely and efficient manner. However, it is your responsibility to submit your request in time to meet your deadlines.

First transcript copy - \$4.00. Additional copies \$3.00 each.

Please allow 5 business days.

We do not hold transcript requests for any reason. Therefore, if you are waiting for grades, grade changes or posting of your degree, do not submit your request until your academic record is updated. Students are encouraged to review their academic record prior to filing a transcript request.

Avoid delays. Please verify that you have cleared any financial holds prior to submitting your transcript request.

Remember to follow up with the school or organization to which the transcript was sent to be certain that it was received.

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

Official transcripts cannot be faxed.

Your transcript request must be signed and dated in order for your transcripts to be released.

Transcript requests may be faxed to 212-960-0004. We cannot accept phone or e-mail requests.

You can contact the Office of the Registrar at 212-960-5274 or visit us at 500 West 185, Suite 114 for further information.

Thank you for your cooperation.



Yeshiva University

REGISTRAR • WILF CAMPUS

500 West 185 Street

| New York, New York 10033

| Phone 212-960-5274

| Fax 212-960-0004

| E-mail Wilfregistrar@yu.edu

TRANSCRIPT REQUEST

(Read Transcript Request Policy and Instructions before Submitting)

Legal Name _____ YU ID _____
Print Last First Middle (starts with 8 or 9)

Daytime Phone Number _____

Email Address _____

Degree Date _____

YU Transcripts (s) requested _____

For Example: YC, SCW, SSB, MYP, IBC, JSS, BMP, FGP, WSSW, RIETS, BRG, AGS, BLZ

SERVICE: Regular (\$4.00, 5 business days) *Additional copies \$3.00 each
Fees are payable by cash, check (to Yeshiva University) or credit card (Visa or MasterCard ONLY)

___ To be picked up by student ___ To be mailed out by Registrar

Comments: _____

REASON FOR THIS REQUEST (check one)

___ Summer School ___ Scholarship ___ Employment ___ Graduate Study ___ Transfer ___ Other _____

I Consent to have my transcript release to the address(es) indicated below

Signature _____ Date _____

PRINT Name(s) and Address(es) where transcript(s) are being sent. Use reverse side of this sheet if more space is needed.

FOR OFFICE USE ONLY

Amount Received _____ Date Received _____ O.S.F. Stamp _____ Date Sent _____