Transcript Request Form  
(Stern Graduate Students & Alumni)

**Office of Records and Registration**  
Graduate Division  
Leonard N. Stern School of Business  
Henry Kaufman Management Center  
44 West 4th Street, Suite 6-100  
New York, NY 10012  
P: 212 998 0660  
F: 212 995 4424  
registrn@stern.nyu.edu  
www.stern.nyu.edu/registrar

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**PERSONAL INFORMATION**  
(Please Print in Block Letters Clearly)

<table>
<thead>
<tr>
<th>Full Name: (Last, First, M.I)</th>
<th>Previous Name: (if attended under another name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID #: (former students use last four digits of your SSN)</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Local Address: (incl. city, state, zip)</td>
<td></td>
</tr>
<tr>
<td>Local Phone No.:</td>
<td>E-mail:</td>
</tr>
</tbody>
</table>


**Expected Graduation Date:** (matriculated students only)  
- September  
- January  
- May  
Year: ______

**Graduation Date:** (non-matriculated students/alumni only)  
- September  
- January  
- May  
Year: ______

**Term and Year of Last Attendance:**  
- Fall  
- Spring  
- Summer  
Year: ______

<table>
<thead>
<tr>
<th>Degree Type:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>MBA</td>
<td>MS Acct</td>
</tr>
<tr>
<td>MS Info. Sys</td>
<td>APC</td>
</tr>
<tr>
<td>MS Stat OR</td>
<td>PhD</td>
</tr>
</tbody>
</table>

**TRANSCRIPT INFORMATION**

**Total Number of Transcripts:** (select one maximum of 10)  
- 1  
- 2  
- 3  
- 4  
- 5  
- 6  
- 7  
- 8  
- 9  
- 10  

**Type of Transcript(s):**  
- Official (with University seal)  
- Unofficial (for your use only; no University seal)

**Transcript Handling**  
(please read carefully and check one)  
- Addressed to self and mailed to my address above.  
- Addressed to self and held for pick-up.

**If ordering more than one “Official” transcript:** Do you want each transcript in a separate, sealed envelope?  
- Yes  
- No

**Full Name and Address of Recipient:**

**Your Signature:**  
Date: