DeVry College of New York / Keller Graduate School of Management	DeVry College of New York / KGSM at DeVry College of New York Office of the Registrar, Room 236 3020 Thomson Avenue Long Island City, NY 11101-3051	**Please Check:** Undergraduate Transcript ☐ Graduate Transcript ☐

TRANSCRIPT REQUEST APPLICATION FOR NEW YORK STUDENT ONLY!!!

DeVry DSI or SS# : _____

Student Name: _____
(**Last, First**)

Address: _____

City: _____ State: _____

ZIP: _____ Telephone #: ( ) _____

ALL TRANSCRIPTS TAKE 5 BUSINESS DAYS.

All financial obligations to DeVry College of New York / Keller must be met before your transcript will be released. Please PRINT all information legibly.

PLEASE NOTE: Official transcripts mailed or, issued to students will be marked "**OFFICIAL ISSUED TO STUDENT.**" Students copies of transcripts will be stamped "**Student Copy**" and are unofficial and for personal use.

Please forward #_____ official copy(s) of my transcript. **Please forward #_____ unofficial copy(s) of my transcript to:**

Please **bring** this request to room **149** and return this form to the Registrar's Office (room **236**) for processing.

Only enter address if you want your transcript(s) mailed.

_____
Organization / Institution Name

_____
Name of Addressee / Title

_____
Street Address

_____
City / State / Zip

If you are requesting multiple transcripts to be mailed, please attach the addresses in a separate sheet of paper or fill out another request.

Please Read:

This request must be signed by the student and Financial Aid.

Transcripts without a signature from the student or Financial Aid will not be processed.

☐ **I will pick up my transcript from the Registrar's Office**

☐ **Include Social Security Number with Transcript**

➡ _____
Student's Signature

_____
Date

Student Finance Official	Date Received	Release Transcript (Y = YES / N = NO)	Registrar Official	Date Released	Release By:
➡					