

Transcript Request Form

Teachers College - Columbia University
 525 w. 120th St. Box 311, New York, NY 10027
 Phone: (212) 678-4071 Fax: (212) 678-3005
 E-mail: transcript-registrar@tc.columbia.edu

Last Name:	First Name:	
TC ID# (if unknown, leave blank):	Date of Birth:	
Phone:	UNI (if unknown, leave blank):	
Address:	Email (required for electronic transcript confirmation):	
	Former Name(s):	
	Dates of Attendance	
	From:	To:

All requests must include your **handwritten** signature. Requests by persons other than the student to pick up transcripts must have written authorization from the student in advance. Please allow 3-5 business days processing for hard-copy transcripts. Allow additional time at the end of the term when final grades are being posted or for additional requests, including the completion of additional forms or verification of completion of degree requirements. *TC does not fax transcripts.*

**IF PICKING UP IN PERSON, PLEASE BE PREPARED TO PRESENT EITHER YOUR TC ID CARD OR GOVERNMENT-ISSUED PHOTO IDENTIFICATION.
NO PAYMENT IS REQUIRED. THERE IS A 10 TRANSCRIPT LIMIT PER BUSINESS DAY.**

ELECTRONIC TRANSCRIPT REQUESTS: Electronic transcripts requested using this form can only be processed during regular operating hours (M-F 9am-5pm), so please anticipate delays before receiving your transcript or confirmation email. Request forms received during the weekend or a holiday closure will be processed at the earliest opportunity when the Transcript Office reopens.

Students and alumni who attended TC courses prior to Autumn 1989 must request a hard copy transcript. This includes students who started TC before Autumn 1989 and continued beyond that term. All or part of the transcript is not available digitally and requires additional processing by the Transcript Office. We apologize for this inconvenience.

Electronic Transcript: <input type="checkbox"/> <i>Please provide recipient's name AND email address below</i>			
Hard-Copy Paper Transcript:			
Mail: <input type="checkbox"/>	Pick Up (issued to student ONLY): <input type="checkbox"/>	# of Copies:	Sealed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Recipient's name and mailing OR email address:			

Additional Requests / Instructions:

Applicable to current students ONLY. Alumni / inactive students: please do not mark this section, as it may result in unnecessary delays in processing.

<input type="checkbox"/> Hold for Final Grades for term:
<input type="checkbox"/> Hold for Make-up Grade(s) for INC Course(s) #:
<input type="checkbox"/> Verification that <input type="checkbox"/> MA <input type="checkbox"/> EDM <input type="checkbox"/> MS degree <i>will be</i> conferred on the next degree conferral date. A degree application must be filed, all grades for program recorded, and all other degree requirements completed in order to request this verification. HARD-COPY ONLY.

Signature: _____ **Date:** _____

If faxing this request, please call our office during business hours to verify that the form was received.