



OFFICIAL TRANSCRIPT REQUEST

If the official transcript is to be sent directly to you, do not fill out this form; use the Official Transcript to Student form. To order unofficial transcripts, use the Student Copy form. Fields in **RED** are **REQUIRED**. This is a fillable PDF; please TYPE if possible.

Last Name	First Name	Middle Name
Name While Attending Barnard if Different	Barnard ID or last 4 of SSN	Dates of Attendance at Barnard
Email Address		
Name of Institution or Organization to which transcript(s) will be sent		
Street Address	City, State, Zip Code	Country (if not US)
SIGNATURE		Date

Please send transcript(s) to the institution or organization above. (Use a separate form for each institution or organization).

****I would like my BA , Post-Bac , or both transcript(s) sent. Number of Copies _____**

Transcript Fees: \$3 each for first 10 transcripts, \$1 for each additional transcript.

Mailing Fees: There is no charge for domestic or international First-Class Mail. For expedited shipping, please check one of the following options:

_____ USPS Priority Mail: \$7 additional (domestic addresses only)

_____ USPS International Priority mail: \$30 additional

_____ USPS Express Mail (will deliver to a P.O. box): \$25 additional for domestic addresses; \$60 additional for international addresses

_____ FedEx (will not deliver to a P.O. Box): \$20 additional for domestic addresses; \$30 additional for international addresses. **If you choose FedEx, you must provide a phone number for delivery address:** _____

Transcript Fees: \$ _____

Mailing Fees: \$ _____

Total Due: \$ _____

Fees should be enclosed if you are mailing this request; we will bill you if your request is faxed or emailed. We cannot release a transcript if there is a hold on your account.

TRANSCRIPT REQUEST: OFFICE OF THE REGISTRAR, BARNARD COLLEGE, 3009 BROADWAY, NY, NY 10027

THE FOLLOWING INFORMATION IS REQUIRED FOR MAILING ENVELOPE. PLEASE PRINT CLEARLY OR TYPE.

Last Name _____ First Name _____

Name while at Barnard if different _____ Dates of Attendance _____

NAME AND ADDRESS OF INSTITUTION OR ORGANIZATION
