MEDGAR EVERS COLLEGE/CUNY
1637 Bedford Ave/RM 301 Brooklyn, NY 11225
OFFICE OF THE REGISTRAR (718) 270-6040 1637
Http://www.mec.cuny.edu/administrative_offices/registrar/registrar_home.asp

TRANSCRIPT REQUEST FORM

A fee of $7.00 is required for **each** transcript except those transcripts sent to any unit of the City University of New York (CUNY). Please submit **only** money order payable to Medgar Evers College

Name on Record: _____
Last First MI

Present name (if different): _____
Last First MI

Social Security Number: _____ Date of Birth: _____

Present Address: _____

_____

_____

Day Phone no.: (____) _____ Email address: _____

Undergraduate____ Graduate ___

Matriculated ____ Non-Degree ___

Graduated from Medgar Evers College? ___ Yes ___ No
If yes, Degree and Date: _____

Currently in Attendance? ___ Yes ___ No

Dates of Attendance: _____ to _____

Name of High School: _____

Name and address of Recipient: _____

_____

_____

_____

Student's Signature

_____ _____
Authorizing Issuance of Transcript Date