

**Long Island University
Transcript Request**

Brooklyn Campus
Registrar's Office
University Plaza
Brooklyn, New York 11201
718-488-1013

Print All Information

If you attended under another name, indicate:

Last First Middle
Your Telephone Number ()

Signature Date

Last First Middle

Current Address

City State Zip Code

Soc Sec/ID # _____ Birth Date _____

Division of LIU Attended: _____
Undergraduate or Graduate _____

Dates of Attendance: From: _____ To: _____

If currently in attendance, do you want transcript held for:

Semester Grades Yes No

Indication of Degree Yes No

If LIU graduate, indicate _____

Official degree date Unofficial

SUBMIT THIS FORM WITH \$7.00 PAYMENT FOR EACH TRANSCRIPT REQUESTED TO THE
OFFICE OF THE BURSAR. NO REQUEST CAN BE HONORED FOR A PERSON WHOSE
ACCOUNT WITH THE UNIVERSITY IS NOT CLEARED

IN SPACE ABOVE, PRINT NAME AND ADDRESS TO WHICH TRANSCRIPT IS TO BE SENT.