

Transcript Request Form
Wagner College Office of the Registrar
One Campus Road, Staten Island, NY 10301
Email: transcript@wagner.edu Phone: 718-390-3173 FAX: 718-390-3344

Please read the following instructions:

- If you are transferring out of Wagner before completing your degree, you must meet with an advisor from the Center for Academic and Career Engagement in the Union. This must be done in order to release your transcript.

Please Print:

_____ Name while HERE _____
(Last name) (First name) (Middle initial)

_____ (Street) _____ (City) _____ (State) _____ (Zip Code)

_____ (Area code) _____ (Telephone Number) _____ (Email)

Student ID # _____ OR Social Security Number _____ - _____ - _____ Birth Date _____

Dates Enrolled: From (Month/Year) _____ To (Month/Year) _____

Degree Awarded on (Month/Year) _____

Number requested _____ Fee: **\$10.00 each (Includes Official Undergraduate and Graduate Transcript)**

Send overnight? **YES NO** (*Additional cost: add \$25.00*)

Please check the following:

_____ Send now, with current information _____ Hold for final grades _____ Hold until Degree awarded

Delivery Options: Hold for in-person pick-up _____ Mail to the address below: _____

Reason for Transcript Request: _____

Center for Academic & Career Engagement (CACE): _____

*Students transferring out of Wagner are required to meet with the CACE Office before the transcript is released.

Send Transcript To: (PRINT clearly, attach additional addresses if necessary. Contact person is recommended.)

Signature _____

Date _____