

TRANSCRIPT REQUEST FORM

OFFICE OF STUDENT ASSISTANCE

PLEASE RETURN TO THE OFFICE OF STUDENT ASSISTANCE (OSA). Submit form by mail or on campus.
Acceptable methods of payments are checks or money order payable to Pace University.



STUDENT ID NUMBER _____ LAST NAME _____ FIRST NAME _____ MIDDLE _____

If this is a new address or phone #, please indicate what you would like to be updated on your record: Address Telephone

STREET ADDRESS/P.O. BOX _____ CITY _____ STATE (U.S.)/COUNTRY (International) _____ ZIP CODE _____

DAY TELEPHONE NUMBER _____ EVENING TELEPHONE NUMBER _____ MOBILE/CELL NUMBER _____ E-MAIL ADDRESS _____

IF YOU HAVE FILED FOR GRADUATION, PLEASE NOTIFY THE DEGREE VERIFICATION OFFICE OF THESE CHANGES

Date of Birth _____ Last Date of Attendance (if not a current student) _____

Name while attending Pace (if different than above) _____ Student's Signature _____ Date _____

- There is a \$7.25 transcript fee.
- If you are requesting overnight delivery, additional fees will apply.
- Allow up to 5-7 business days for processing (overnight requests included).
- Allow additional processing time for records with enrollment dates prior to 2005.
- Transcripts are issued with all degree levels and semesters EXCEPT Pace Law School.
- Complete separate requests if transcript will be issued to different addresses.

Campus Attended (select one):

- New York City
- Pleasantville
- White Plains

Transcript Selection:

- Official Copy
- Number of Copies _____

Transcript Options (check all that apply):

- Mail attached document along with transcript

Payment Options (select one):

- \$7.25 Check (submit form by mail)

Overnight Delivery Options (select one, in addition to \$7.25 transcript fee):

- \$11.25 Standard: U.S. (UPS Express)
- \$11.25 PO Box: U.S. only (USPS Express)
- \$25 Standard: International (UPS Worldwide Express)

Did you take any courses prior to 1985? (specify):

Yes
Approx. attendance date(s) _____ Degree(s) earned/attempted _____

Reason for Transcript (select one):

- Scholarship Application
- Graduate School Application
- Transfer to Another School
- Employment or Internship
- Other (specify) _____

Send to: Name of Organization or Individual _____

Address Line 1 _____

Address Line 2 _____

City _____ State (U.S.)/Country (International) _____ Zip Code _____

New York City Campus
Office of Student Assistance
One Pace Plaza
New York, NY 10038
Phone: (877) 672-1830
Fax: (914) 773-3862

Westchester Campus
Office of Student Assistance
861 Bedford Road
Pleasantville, NY 10570
Phone: (877) 672-1830
Fax: (914) 773-3862