



Office of the Registrar
Bard College
P.O. Box 5000
Annandale-on-Hudson, NY 12504
Room: Ludlow 201
Phone: (845) 758-7458
Fax: (845) 758-7036
Email: transcripts@bard.edu

OFFICE USE ONLY Date _____

Received: _____

Paid \$ _____

Cash _____ Check /MO # _____

Date Completed: _____

Transcript Request Form

CURRENT NAME (please print):
 Name used during attendance (if different):

STUDENT ID# (if known) _____ **Date of Birth:** _____

Email Address: _____ **Phone:** _____

Please select the college/program you attended: "....."f gi tgg<

Additional notes

Approx. Dates of Attendance _____ **Degree and Date Awarded (if applicable)** _____
 (ex. 2003-2007 or "current")

Please email my UNOFFICIAL transcript to:

I would like to pick up _____ copies of my OFFICIAL transcript

Please mail _____ copies of my OFFICIAL transcript to the following address:

Recipient/Office	Special Instructions:
College/Company	Hold for final grades
Address line 1	Hold for degree awarded
Address line 2	Send with enclosed form
City, State, Zip	

I have included additional addresses for the OFFICIAL transcript on the second page of this form

PAYMENT FOR OFFICIAL TRANSCRIPTS: The fee is \$5.00 per copy. We accept cash, check, or money order made payable to Bard College. Unofficial transcripts are free.

I am submitting this request to the Registrar's Office in Ludlow 201 with payment in the amount of \$ _____

I am submitting this request by mail and have enclosed payment in the amount of \$ _____

I am submitting this request by fax/email and have mailed payment in the amount of \$ _____

PLEASE NOTE: The college is not obliged to issue a transcript to anyone whose financial obligations to the college have not been met.

SIGNATURE (REQUIRED): _____
Handwritten signature required

Date: _____

Transcript Request

Additional Addresses for the Official Transcript:

# of Copies: Recipient/Office College/Company Address Address City, State, Zip	Special Instructions: Hold for final grades Hold for degree awarded Send with enclosed form
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