



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 check which school you attended:

Undergraduate:

Bard College

BHSEC Campus: _____

International Program: _____

Other (Clemente, BGIA, etc): _____

Graduate:

BGC ICP

CCS MAT

CONS BCEP/MBA

LEVY MILTON AVERY

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

- I would like my UNOFFICIAL transcript sent to my email address above
- I would like to pick up ___ copies of my OFFICIAL transcript
- I would like to mail ___ copies of my OFFICIAL transcript to the following address:

Recipient/Office _____

College/Company _____

Address _____

Address _____

City, State, Zip _____

Special Instructions:

_____ Hold for final grades

_____ Hold for degree awarded

_____ Send with enclosed form

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

PAYMENT FOR OFFICIAL TRANSCRIPTS:

The first ever official transcript is free; thereafter, the required fee is \$3.00 per copy. Please check with us if you need to verify the correct amount. We accept only 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 (scanned attachment only) 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): _____ **Date:** _____
Handwritten signature required

Transcript Request

Additional Addresses for the Official Transcript:

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