

Transcript Request Form

To be completed by applicant and sent to high school Guidance office or college office of all schools attended. Please be sure to contact your school, prior to sending them this form, to check if there is a fee for sending your transcripts.

Last name: _____ First name: _____ Middle: _____

Social Security #: _____ / _____ / _____ Sex: M F DOB (mm/dd/yy): _____ / _____ / _____

Mailing address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Enrollment History:

Name of High School/College/University: _____

Currently Enrolled Not Enrolled Date Graduated: _____ / _____ / _____

Years attended: From: _____ To: _____

Student Signature: _____ Date: _____

To Registrar, please have an official (SEALED) copy of my academic transcript sent to:

Admissions Office
The Culinary Institute of America
1946 Campus Drive
Hyde Park, New York 12538

Please note: