

# Office of the Registrar

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## REQUEST FOR INFORMATION

Please print clearly and complete all portions of the form. All requests will be processed within 5-7 business days. This form gives permission to the Office of the Registrar of the CUNY Graduate Center to release information regarding my attendance.

### STUDENT INFORMATION

_____	_____ / _____	XXX-XX-_____
Date of Request	EMPLID (CUNYfirst ID) OR Banner ID	Last four digits of SSN
_____	_____	_____
Name: Last	First	MI
Name while attending (if different)		
_____	_____	_____
Current Street Address	Email	
_____	_____	_____
City	State	Zip
_____		_____
Student Signature		Academic Program

### INFORMATION NEEDED

Please indicate what this request is concerning and what information is needed in the box below.

Requesting:  Letter  Personal Information  Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request that this information be emailed to the following email address: \_\_\_\_\_

I request that this information/letter be mailed by USPS mail to the following address: \_\_\_\_\_

**Proof of Identification: Valid photo ID (Driver's License, State-issued ID, Passport, CUNY GC ID) will be required at time of pick up.**

I request to obtain my letter by Pick Up.

If picking up a letter, who will pick up the letter when it is ready?  Self  Designated Proxy

If designating a proxy, please print their name carefully: \_\_\_\_\_

\*Designated Proxy must have valid photo ID to pick up letter.