



## Transcript Request Form

To be completed by applicant and sent to high school Guidance Counselor's office or college Registrar's 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:** Transcripts may also be submitted electronically via eScript or Parchment Exchange.