



Office of the Registrar
555 West 57th Street
6th Floor, Suite 600
New York City, NY 10019
Transcript@jjay.cuny.edu
T: 212-237-8000
Fax: 212 237-8875

Transcript Pick-Up Authorization Form

Please print and complete this form if you would like to authorize another person to pick-up your transcript(s).

3rd party authorization

- The student must complete and provide the form to the authorized person with their JJAY ID or State Photo ID.
- The person picking up your transcripts must also present their State photo ID at Jay Express Service Center/Registrar Office.

I hereby authorize (print name) _____ to pick up my transcript(s).

Student Name (print) _____

Student Emplid ID or Student Last 4 digits of Social Security # _____

Student Signature _____ Date: _____

Authorized person's signature _____ Date: _____

| |
|---|
| Office Use Only: |
| **Staff: Be sure to make copies of IDs and attach to form. |
| Date received: _____ |
| Received by: _____ |