Carnegie Mellon University
University Registrar's Office

University Registrar's Office
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Transcript Request

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Student Name: _____
Last/Family (Maiden if applicable) First and/or Preferred MI

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Student ID Card #: _____

We require that one or both pieces of contact information be provided below.
E-mail: _____

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REQUIRED

Were you enrolled in at Carnegie Mellon *after* 1990? ☐ Yes ☐ No

Approximate years attended: _____

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