

**VCF RELATED REQUEST FOR OFFICIAL TRANSCRIPT &
VERIFICATION OF STUDENT TRANSCRIPT**

Name of Student: _____

Student ID: _____

VCF Number: _____

Address: _____

Period: Fall 2001 & Spring 2002 semesters

Document Requested: Official Student Transcript & Verification of Student Transcript

Send Hard Copies To: Third Party Verification
9/11 Victim Compensation Fund
Claims Processing Center, Suite 100, Box
408 11220 L Street, NW
Washington, DC 20005

Send Copy To: _____

Reason for Request: Proof of Presence for VCF

Request Submitted by: _____

Date Requested: _____

***NOTE:** This request should only be used to request an Official Student Transcript & Verification of Student Transcript for submission to the VCF. Request should be submitted to Registrar@bmcc.cuny.edu.