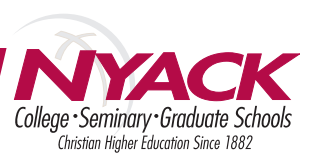


# REQUEST FOR OFFICIAL TRANSCRIPT



Dates Attended: \_\_\_\_\_ Institution: \_\_\_\_\_

LAST NAME *please print clearly* FIRST NAME MIDDLE INITIAL

NAME USED WHEN ATTENDING INSTITUTION LISTED ABOVE

BIRTHDATE MM/DD/YY SOCIAL SECURITY NUMBER

Number of student copies requested for personal records: \_\_\_\_\_

Number of official copies requested to be sent to Nyack College: \_\_\_\_\_

Total Number of copies requested: \_\_\_\_\_

### MAIL TRANSCRIPTS TO:

NYACK COLLEGE  
Admissions  
2 Washington Street  
New York, NY 10004

### SEND ELECTRONICALLY TO:

Electronic transcripts can be sent from the Registrar's Office to [admissions.grad@nyack.edu](mailto:admissions.grad@nyack.edu) or submitted through Parchment or eScrip-Safe.

STUDENT ADDRESS CITY, ST, ZIP

A check for \$\_\_\_\_\_ is enclosed to cover transcript fees.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_