



Unofficial Transcript Request Form

Student ID#: _____ (Not Required if Unknown)

Current Name: _____

Birthday: ____/____/____ SSN (last 4 digits ONLY): _____

Previous name (if any) _____ Contact number _____ • H • C • W

Current Address _____

_____ Date _____

E-mail _____ **SIGNATURE _____

(HAND-WRITTEN SIGNATURE REQUIRED - NO E-SIGNATURES)

A) PLEASE CHECK ALL THAT APPLY (if not checked, will be "as is")

- send transcript "as is"
- hold for semester grades
- hold for grad date and degree

- Attended:**
- undergraduate
 - graduate
 - before 1994
 - Pinebrook Jr College

SEND REQUEST FORM TO:	
ATTN: Transcript Request	Fax (845) 353-1297
Nyack College	
1 South Blvd.	
Nyack, NY 10960	
E-mail transcripts@nyack.edu	Phone (845) 675-4734

B) WHERE TO SEND TRANSCRIPTS: include the; 1) number of unofficial transcripts 2) addresses to send them to - please include name/ department with apartment/ suite numbers, if applicable, 3) fax number or e-mail address with a name or dept
