



Request for Official Transcript
School of Adult and Continuing Education

Date _____ Institution _____

Last Name _____ First Name _____ MI _____

Name used when attending the institution listed above _____

Birthdate _____ / _____ / _____ 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
School of Adult and Continuing Education
1 South Boulevard
Nyack, NY 10960

Student Address _____

City _____ State _____ Zip _____

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

Student's signature _____ Date _____