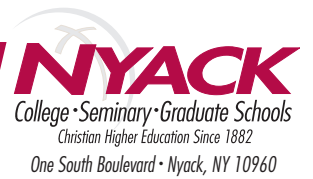


REQUEST FOR OFFICIAL TRANSCRIPT



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
1 South Blvd.
Nyack, NY 10960

SEND ELECTRONICALLY TO:

Electronic transcripts can be sent from the Registrar's Office to 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: _____