



HIGH SCHOOL TRANSCRIPT REQUEST

Choose campus

- Rockland Campus, Nyack, NY (residential)
- NYC Campus, New York, NY (commuter)

Student Information *please print clearly*

Please complete this section and present it to your high school guidance office.

NAME: FIRST, MIDDLE, LAST (MAIDEN) _____

ADDRESS _____ CITY, STATE, ZIP, COUNTRY _____

PHONE _____ E-MAIL ADDRESS _____

Classification: *(check all that apply)*

- New Freshman Parttime Transfer Full-time
- Re-Admission Resident Commuter Student Athlete

Enrollment Date:

- Fall 20_____
- Spring 20_____
- Summer 20_____

Dates attended high school _____
MM/YY - MM/YY

I give permission for my official transcript and other information to be sent to Nyack College.

Student's Signature: _____

DATE _____

Guidance Counselor *please print clearly*

Please give as much of the following information as possible:

- ACT Composite
- SAT Verbal
- SAT Math
- High School GPA
- High School Rank _____ out of _____
- Registered with the NCAA Eligibility Center?
 - Yes No
- Other tests: _____
- Other tests: _____

This student graduated. Date of graduation _____
MM/YY

Guidance Counselor's Signature: _____

DATE _____

Please mail this form with applicant's official transcript to Nyack College Office of Admissions, 1 S. Blvd., Nyack, NY 10960. Send electronic transcripts to admissions@nyack.edu or submit through Parchment or eScrip-Safe.