

TRANSCRIPT REQUEST FORM

Please allow 3 – 7 business days to process your request. We will make every effort to accommodate urgent requests indicated in the comments section below.

NYSID ID no. (if known) _____

Social Security no. _____

 Last Name First Name (M I)

 Student's Address/Apt. No. City State Zip

 E-mail Address Home Telephone Daytime Telephone

Month and year of **INITIAL** enrollment ____ / ____ Month and year of **LAST** enrollment ____ / ____

Name at time of enrollment, if different _____

Did you complete a program at NYSID? Yes No If yes, which program? _____

Please mail my transcript to me at the address listed above I will pick up my transcript at the NYSID Main Campus

Please mail my transcript to the following address: _____

Number of **official, sealed** transcripts I am requesting (a fee of \$5 will be charged for EACH official transcript) _____

Number of **unofficial student copies** I am requesting (no fee; can also be printed from the NYSID student portal) _____

Method of Payment: Cash Check MasterCard VISA AmEx

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Expires (mo/yr) ____ / ____ _____
 Name as it appears on credit card Signature

Billing Address (if different from above): _____

** Do you have any documents that would be helpful in locating your record? If so, please attach copies to this form. **

Student Signature (required) _____ **Date** _____

Comments: _____

OFFICE USE ONLY _____