

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? _____

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

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: _____

Your social security number will appear on your transcript. To have it excluded, please check here:

Number of **official, sealed** transcripts I am requesting (a fee of \$10 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 (exact change only) 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): _____

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

Comments: _____

OFFICE USE ONLY _____