

COLLEGE 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 college Registrar's Office. Transfer students must request official transcripts for all institutions attended. Feel free to photocopy this form if necessary.

NAME: FIRST, MIDDLE, LAST (MAIDEN)

ADDRESS

CITY, STATE, ZIP, COUNTRY

PHONE

E-MAIL ADDRESS

Enrollment Date:

- Fall 20_____ Spring 20_____ Summer 20_____

Dates attended college _____
MM/YY - MM/YY

Degree received: _____

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

Student's Signature:

DATE

Registrar

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.