



GRADUATE/FORMER STUDENT TRANSCRIPT REQUEST FORM

(Current Students Use Student Transcript Request Form)

Print clearly, completing all sections. You must sign & date this form. Make check or money order payable to NYCPM (See fees below). Payment can also be made over the phone using a credit card by contacting the Bursar's office at (212) 410-8039, or you may input your payment information below. You can fax the completed form to (212) 722-4918 or e-mail it to aroberts@nycpm.edu.

Name: _____

Social Security No.: (Last 4 digits only) xxx-xx-____

E-mail address: _____

Date of Birth: ____/____/____

Phone Number: _____

Check items as appropriate: Official Transcript Unofficial Transcript

Additional Instructions to Registrar: ____ # copies of transcript ____ # copies of Clinical Eval ____ # copies of Dean's Letter

*Special Handling (Overnight) Hold for Pickup

Note: Graduate/former students must order National Board scores directly from Prometric/NBPME.

**Official transcript for pickup is addressed to qualified recipient in sealed envelope with security stamp. Only unofficial transcripts may be faxed.

Fee Schedule: Transcript - \$10.00, Dean's Letter - \$10.00, Clinical Evaluation - No fee, *Special Handling/Overnight - \$25.00

Signature: _____

Date: _____

Print plainly the name, office and address of recipient to whom the transcript is to be sent. Use separate form for each addressee.

Empty table for recipient information

Payment Information:

American Express Card #: _____

Expiration Date: ____/____ - 4 digit code _____

MasterCard/Visa Card #: _____

Expiration Date: ____/____ - 3 digit code _____

Official Use Only box with Signature Received, Mailed On, and Initial fields