



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 arice@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 [ ] Education Verification Letter

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; Education Verification 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.

Form with four horizontal lines 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 containing Signature Received, Mailed On, and Initial fields.