



STUDENT TRANSCRIPT REQUEST FORM

(Graduates/Former Students use Graduate/Former 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: _____ Phone Number: _____

E-mail address: _____

Check items as appropriate: [] Official Transcript [] Unofficial Transcript
[] Hold for current grades [] Hold for degree Date Held Until: _____

Additional Instructions to Registrar: ___ # copies of transcript ___ # copies of Clinical Eval ___ # copies of Dean's Letter
___ # copies of National Board Scores

[] *Special Handling (Overnight) [] Hold for Pickup

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

Fee Schedule: Transcript - \$5.00, Dean's Letter - \$10.00, Clinical Evaluation - No fee, *Special Handling/Overnight - \$25.00, National Board Scores - \$5.00

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
Signature Received
Mailed On: _____
Initial: _____