

NEW YORK COLLEGE OF PODIATRIC MEDICINE
53 East 124th Street · New York, NY 10035
Office of Records and Registration
(212) 410-8054

STUDENT REQUEST FOR TRANSCRIPT

(Graduates/Former Students use Graduate Transcript form)

Name		
Address		
City	State	Zip code

Print clearly, completing all sections. You must sign and date this form. Make check or money order payable to NYCMPM (see fees below). Requests will be processed in the order received unless fee is paid for special handling. A confirmation copy of this form will be sent to you.

Student ID #: _____

Local Phone: _____ Home Phone if different: _____

Student Mailbox: _____

Check items as appropriate:

Active Student **Student on Leave of Absence**

If on Leave of Absence: Last date of active attendance was Month _____ Year _____

Official transcript

Unofficial (student) copy

Hold for current grades **Hold for degree**

Include Clinical Evaluations Dean's Letter Special Handling (Overnight) Hold for pickup**

Include National Board Scores* How many copies? Transcript ____ Evaluation ____ Board scores ____

*Only current students may order National Board scores.

**Official transcript for pickup is addressed to qualified recipient in sealed envelope with security stamp. Only unofficial transcripts may be Faxed. Fee schedule: Current student Transcript-Official, \$5.00; Unofficial, \$1.00; Add Clinical Evaluations – no additional charge; Special Handling (e.g., Express Mail) \$18.00 minimum.

Signature: _____ Date: _____

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



Official Use Only <input type="checkbox"/> Signature verified Mailed on _____
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Original – recipient
1st copy – Registrar
2nd Copy - Student