NEW YORK COLLEGE OF PODIATRIC MEDICINE
53 East 124th Street · New York, NY 10035

Office of Records and Registration

(212) 410-8054

GRADUATE/FORMER STUDENT REQUEST FOR TRANSCRIPT

(CURRENT STUDENTS USE STUDENT TRANSCRIPT REQUEST 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 NYCPM (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 #:_____ E-mail address: _____

Home Phone:_____ Other Phone if applicable: _____

Check items as appropriate:

☐ **Graduate** ☐ **Former Student**

☐ Graduation Date: _____ **OR** ☐ Last date of attendance _____
mo./yr. mo./yr.

☐ Official transcript ☐ Unofficial copy

ADDITIONAL INSRUCTIONS TO REGISTRAR:

☐ _____ number of copies of transcript

☐ Include Clinical Evaluation _____ number of copies of evaluation

☐ Include Dean's Letter

☐ Special Handling (Overnight) ☐ Hold for pickup**

Note: Graduates/former students must order National Board scores directly from the National Board/Chauncey Group.
**Official transcript for pickup is addressed to qualified recipient in sealed envelope with security stamp. Only unofficial transcripts may be Faxed. Fee schedule: Graduate or former student Transcript $10.00 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
□ Signature verified
Mailed on _____

Original – recipient
1st copy – Registrar
2nd Copy - Student