



Office of the Registrar
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TRANSCRIPT REQUEST FORM

Please allow 3 – 7 business days to process your request once it is received. Please note that any requests for transcripts prior to 1995 may take additional time to process. We will make every effort to accommodate urgent requests indicated in the comments section below.

NYSID ID no. (if known) _____

Social Security no. _____

Last Name		First Name		M.I	Email Address
Address/Apt. No.		City		State	Zip
Telephone			Name at time of enrollment, if different from above		

Dates of your enrollment at NYSID: _____

Did you complete a program at NYSID? Yes No If yes, which program? _____

- I will pick up my transcript at the NYSID Main Campus
- Please mail my transcript to me at the address listed above (You must submit a copy of your ID in order to prove your identity for this option)

Please mail my transcript to the following address: _____

Your social security number will appear on your transcript. To have it excluded, please check here:

Number of **official sealed** transcripts I am requesting (a fee of \$10 will be charged for EACH official transcript) _____

Number of **unofficial student copies** I am requesting (no fee; can also be printed from the NYSID student portal) _____

Method of Payment: Cash (Exact change only. Do not mail in cash.) Check MasterCard VISA AmEx

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Expires (mo/yr) ___/___ _____
 Name as it appears on credit card Signature

Billing Address (if different from above): _____

Student Signature (required) _____ Date _____

Comments: _____

OFFICE USE ONLY _____