



## Office of the Registrar

2360 State Route 89 | Seneca Falls, NY 13148 | Phone: (315) 568-3041 | Fax: (315) 568-3056

Email: [Registrar@northeastcollege.edu](mailto:Registrar@northeastcollege.edu) | [www.northeastcollege.com](http://www.northeastcollege.com)

### TRANSCRIPT REQUEST FORM

Program(s) attended: (check all that apply)
<input type="checkbox"/> DC <input type="checkbox"/> MSA\OM <input type="checkbox"/> MCN <input type="checkbox"/> HAPI
<input type="checkbox"/> MDI <input type="checkbox"/> MCA <input type="checkbox"/> BPS

Please check the appropriate box(es):	
Official Transcript	<input type="checkbox"/>
Unofficial Transcript <small>*Please note that only unofficial transcripts can be faxed</small>	<input type="checkbox"/>
Hold for Final Grades	<input type="checkbox"/>

<b>Student/Graduate Information:</b>		
Current Name:	Birthday for Verification:	
Name While Attending: (if different)		
Address:		City/State/Zip:
Home or Business Phone:	Cell Phone:	Email:

<b>Name and Address where transcript is to be sent:</b>		
Name of Person or Institution:		
Address:		
City:	State:	Zip:
Any additional information:		

<b>Signature:</b>	<b>Date:</b>

❖ There is no charge for a transcript

❖ Please make sure that you complete all parts of the request and sign your name above

❖ This form can be sent back to the Registrar's Office by email, mail, or fax (information is at the top of the form.)

\*\*\*\*\*