

## TRANSCRIPT ORDER FORM

To request a transcript, please complete this form and mail to: Office of Student Services, Phillips Beth Israel School of Nursing, 776 Sixth Avenue, 4<sup>th</sup> Floor, New York, NY 10001.

There is a \$5.00 fee per transcript—official or unofficial. Please make checks or money orders payable to Phillips Beth Israel School of Nursing.

Date: \_\_\_\_\_

Kindly prepare a transcript for:

Name\*: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Day-time Phone: \_\_\_\_\_

*\* Include last name while in attendance, if different.*

Dates of Attendance: \_\_\_\_\_

Did you graduate:    ( ) Yes    ( ) No

### I require (please check as many as apply):

( ) Unofficial transcript

( ) Official transcript in a sealed envelope mailed to me

( ) Official transcript sent to:

Name of College or Employer: \_\_\_\_\_

Street Address #1: \_\_\_\_\_

Street Address #2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of College or Employer: \_\_\_\_\_

Street Address #1: \_\_\_\_\_

Street Address #2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### School Policy

1. All transcript requests must be made in writing.
2. A hold will be placed against issuance of a transcript for outstanding financial obligations to the School or failure to respond to official school notices.