



# TRANSCRIPT REQUEST FORM

**Directions:** There is no charge for Transcripts. Please make sure you complete all parts of the request, sign your name and mail OR fax to:

New York Chiropractic College  
Attn: Registrar's Office  
2360 State Route 89  
Seneca Falls, N.Y. 13148-0800

Fax number: 315-568-3056

**Print Your Current Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Phone Number:** \_\_\_\_\_  
Home or Business Cell

**Birth day for Verification:** \_\_\_\_\_

**Name and Address where transcript is to be Sent:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Student/Alumni** **Date**

Check appropriate Box(es)

- \_\_\_\_ Currently Enrolled
- \_\_\_\_ Not Currently Enrolled
- \_\_\_\_ Graduate
- \_\_\_\_ Unofficial Student Copy
- \_\_\_\_ Official 3<sup>rd</sup> Party

For office use only

\_\_\_\_\_ Number in Order \_\_\_\_\_ Date Sent