

COLLEGE TRANSCRIPT REQUEST



Nyack, New York Campus

One South Boulevard • Nyack, NY 10960-3698

1-800-33-NYACK • Fax 845-358-3047

admissions@nyack.edu • www.nyack.edu

Check here if you are applying to the **Nyack, New York Campus**



New York City Campus

335 Broadway/93 Worth Street • New York, NY 10013-3904

1-877-626-2236 • Fax 212-343-2668

admissions.nyc@nyack.edu • www.nyack.edu

Check here if you are applying to the **New York City Campus**

Student Information please print clearly

Please complete this section and present it to your college Registrar's Office. Transfer students must request official transcripts for all institutions attended. Feel free to photocopy this form if necessary.

NAME: FIRST, MIDDLE, LAST (MAIDEN)

ADDRESS

CITY, STATE, ZIP, COUNTRY

PHONE

E-MAIL ADDRESS

Enrollment Date:

Fall 20_____ Spring 20_____ Summer 20_____

Dates attended college _____
MM/YY - MM/YY

Degree received: _____

I give permission for my official transcript and other information to be sent to Nyack College.

Student's Signature:

DATE

Registrar

Please mail this form with the applicant's official transcript to the appropriate address above, attention Office of Admissions.