



Office Use Only

\$ Received: _____

Check #: _____

By: _____

Date: _____

TRANSCRIPT REQUEST FORM

Request for Official Transcript
Complete one form for each address
(Enclose payment)

Return request to:
Registrar's Office
Nazareth College
4245 East Avenue
Rochester, NY 14618-3790
For more information, call (585) 389-2802

Last Name: _____ First Name: _____ Middle Initial: _____

Former Name: _____ Last 4 digits of Social Security #: _____

Street: _____ City, State, Zip: _____

Daytime Phone: _____ Email: _____

Dates of Attendance: _____ to _____ Degree Level Attended: Undergraduate
 Graduate

Transcript Fees:

The transcript fee is \$7.50. Checks may be made out to *Nazareth College*. Transcript mailings include both undergraduate and graduate course work completed at Nazareth College.

Special Instructions:

Payment Type:

- Send Immediately
- Hold for Semester or Summer Grade
- Hold for Recording of Degree

- Check (enclosed)
- Money Order (enclosed)
- Cash (in-person requests only)

_____ # of Transcripts Requested (*All transcripts go to address noted below*)

x _____ \$7.50

= _____ **TOTAL AMOUNT DUE**

Send Transcript To – Please Print

Recipient: _____

Institution: _____

Street: _____

City, State, Zip: _____

SIGNATURE: _____ Date: _____