



New York College of Traditional Chinese Medicine

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Authorization / Request for Transcript of Records

Instructions: Print clearly or type all information requested on this form. Attach your check or money order payable to NYCTCM for \$10.00, plus any balance due to NYCTCM. (Account must be current in order to process this request.) Complete a separate form for each transcript requested.

- Official Transcript** - Will be sent directly to the recipient named below, and will bear the official NYCTCM seal.
- Student Copy** - Will be sent directly to the recipient named below, and will NOT bear the official NYCTCM seal.

Name: _____
Last First Middle

Phone: () _____ - _____ SS#: _____

Address: _____
Street
City State Zip Code

Student Status: Matriculated Student Non-Matriculated Student Withdrawn Student

Dates of Attendance: _____ to _____

Year of Graduation: _____ or Presently Attending since: _____

Hold to include final grades for the trimester Winter Spring Fall Year: _____

-----Please enter below the exact address where transcript is to be sent -----
TO: OFFICE OF THE REGISTRAR - TRANSCRIPT REQUEST

Official Use Only
Request Mailed On:

Signature – Student Date Signature - Financial Manager Date