

TRANSCRIPT ORDER FORM

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

There is a \$7.00 fee per transcript—official or unofficial. Please make checks or money orders payable to “Phillips School of Nursing”.

Date: _____ Last 4 digits of SSN: _____

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.