

**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, 4<sup>th</sup> 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.