

TRANSCRIPT REQUEST FORM

Excluding currently enrolled students, there is a \$10.00 fee for each (un)official transcript requested. Make checks payable to the **Pomeroy College of Nursing**. Processing may take up to 5 business days before being sent via USPS without tracking information. The personal information collected below is confidential and used to correctly identify your record or to contact you if we cannot process your request.

***REQUIRED**

*Name While Enrolled		Married or Other Name	
E-mail Address			
*Current Address			
*Phone Number		*Last Four of SSN	
*Birth Date		*Dates Attended	

Special Instructions for CURRENT Students:	Hold for Final Grades?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hold for Graduation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***SEND TRANSCRIPTS TO:**

Address must include name and complete address to which transcript will be sent, including to self.

PLEASE NOTE: The College does not offer official electronic transcripts; the receiving party may consider faxed or e-mailed transcripts unofficial.

_____	_____
_____	_____
_____	_____
_____	_____

*Number of Copies			
Official copy:		Unofficial copy:	

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Official copy:		Unofficial copy:	

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. By signing this form, you authorize the Pomeroy College of Nursing to send your transcript(s) to the designated person(s) or organization(s) listed above.

*Student Signature

*Date

Mail completed form with check to:

**Pomeroy College of Nursing at Crouse Hospital
5000 Brittonfield Parkway, Suite B201 East Syracuse, NY 13057
ATTN: Bursar/Registrar**

FOR OFFICE USE ONLY			
Date Received		Date Mailed	