



Transcript Request Form

To request a transcript, please complete the form below by filling in all requested information.

Mail or submit with a money order for the correct amount to:

Plaza College Registrar's Office, 118-33 Queens Boulevard, Forest Hills, NY 11375

Personal Information (please print):		
Last Name:	First Name:	M.I.:
Name while enrolled:		SSN: _____ - _____ - _____
E-mail:		Phone:
Current address:		
Transcript Information:		<input type="checkbox"/> I am a former NYCI Student
Dates of attendance (mm/yyyy): If you are unsure, please estimate		
From _____ / _____ / _____		To _____ / _____ / _____
Major:		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Amount enclosed : \$ _____ If mailing, <u>must</u> be money order; see website for pricing		Number of Official Transcripts requested:
Purpose of transcript: <input type="checkbox"/> College* <input type="checkbox"/> Employment <input type="checkbox"/> Other**		
*If College, please provide institution & program of study:		
**If Other, please specify:		
Send My Official Transcript To:		Mail to the address above: <input type="checkbox"/>
		I will pick up my transcript: <input type="checkbox"/>
Name: <i>(institution, company, or recipient)</i>		
Office/ATTN: <i>(optional; e.g. "Admissions Office")</i>		
Street/P.O. Box:		Apt. #:
City:		State: Zip code:
The Official Transcript must be delivered to institution or employer unopened, or it will NOT be valid. <i>Do not open envelope.</i>		
Authorization: Please be sure to sign and date this Transcript Request Form. Plaza College will not release the transcript without a signature. A transcript will not be issued if you have a hold on your account.		
<i>I hereby authorize Plaza College to release my school records.</i>		
Signature: _____		Date: _____

Please allow a processing time of 5 – 10 business days from the date we receive your request.
Please allow 10 – 15 days for transcripts dating earlier than 1990.

<u>FOR OFFICE USE ONLY</u>	
Request Received: ____/____/____	Transcript Sent: ____/____/____
Financial Aid Department:	
Clear: <input type="checkbox"/> YES <input type="checkbox"/> NO	Payment Rcvd: ____/____/____ Receipt #: _____ Semester: _____