



Center for Allied Health Education
TRANSCRIPT REQUEST FORM

Please PRINT all information

Name and
 Address of
 Student
 →

All transcript requests must be cleared by Financial Services.

Incomplete transcript requests will be returned to the sender. It can take 10 to 14 business days, or longer during peak periods, to process a request for transcripts. The fee for an official transcript bearing the seal of the Center is \$10 per copy. When available, graduates may request 1-2 business days rush processing of their Transcript Request Form for an additional \$15 fee.

Make checks payable to New York Methodist Hospital

Forward
 Transcript
 to: (Print)
 →

STAY WITHIN BOX FOR WINDOW ENVELOPE

Date: _____ Social Security #: _____-_____-_____

Date of Birth: ____/____/_____

Name used while in attendance: _____

Phone Number: _____

E-mail Address: _____

Graduation Date: (Month & Year) _____

Program Attended:

- | | | |
|--|--|--|
| <input type="checkbox"/> Radiography | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Medical Assistant | |
| <input type="checkbox"/> EMT-B | <input type="checkbox"/> Surgical Technology | |

- I would like to receive a student copy.
- I am requesting that my request be processed with 1-2 business days and have added a \$15 rush processing fee to my payment.

Student's Signature: _____