

TRANSCRIPT REQUEST FORM

TO: Registrar's Office	Dates Attended:
College: _____	From ___/___/___ To ___/___/___
Address: _____	<input type="checkbox"/> Transcript Fee Enclosed
_____	\$ _____ .00
_____	<input type="checkbox"/> Please Bill Me

STUDENT _____ SOC. SER. NO. _____
ADDRESS _____ PHONE (____) _____

Please forward an official transcript of my grades to:

NEW YORK CHIROPRACTIC COLLEGE
ATTN: ADMISSIONS OFFICE
2360 STATE ROUTE 89
SENECA FALLS, NY 13148-0800

Student Signature _____ Date _____