

TRANSCRIPT REQUEST FORM

Directions: There is no charge for Transcripts. Please make sure you complete all parts of the request, sign your name and email OR mail OR fax to:

nyccregistrar@nycc.edu

New York Chiropractic College
 Attn: Registrar's Office
 2360 State Route 89
 Seneca Falls, N.Y. 13148-0800

Fax number: 315-568-3056

Please check appropriate box:

Official Transcript _____

Unofficial Transcript _____

*Please note that only Unofficial transcripts can be faxed

Print Your Current Name and Address: _____

Name While Attending (if different): _____

Current Phone Number: _____

Home or Business Cell Email Address

Birthday for Verification: _____

Name and Address where transcript is to be sent:

 Signature of Student/Alumni

 Date