

## TRANSCRIPT REQUEST FORM

The current fee for a transcript is \$10.00 per transcript. Please allow 3-7 business days for processing.

<u>Please note:</u> We cannot complete your request without remittance and signature. Additionally, if you have an outstanding balance with the school, we will not be able to process your request. If you suspect that this is the case, please contact the Bursar at 212-924-5900 ext. 119.

Please complete the following info			
Name while in attendance:			
Email address:			
Current mailing address:			
Telephone #:	Month/Year of Graduti	on or dates of attendance	:
	Transcript Requested I	For:	
Acupuncture	Massage Therapy	Personal Training	Nursing
Surgical Technoloigst	Medical Assistant	Medical Billing & Coding	
Special instructions, if any:			
Mail copy to:			
Number of copies to the above address:	 :		
Mail copy to:			
Number of copies to the above address:	:		
Signature:	Date:		
If you would like to fax or email in you Email address: <u>registrar@swedishin</u>			e:
Credit Card #	Exp. Date/	Zip Code CV\	/#
FOR OFFICE USE ONLY			
Type of Payment: Ca	sh Check#( ) Cı	redit Card	Initials