



Office of the Registrar, University of North West
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TRANSCRIPT REQUEST FORM

Fees are payable by check (payable to University of NorthWest) or credit cards (online) at the Office of Registrar.
 Regular service \$50.00 (Process Time: 3-4 business days), US\$25 for each additional copy(s) ordered at the same time.
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Legal Name _____ **Reg. No.** _____
 (Last, First, Middle)

Current Mailing Address

 City State Zip
 Daytime Phone Number Email Date

RELEASE TRANSCRIPT

- As Currently Recorded
- After Degree is Recorded
- Other _____

REASON FOR THIS SERVICE:

- Summer School
- Employment
- Transfer
- Scholarship
- Other _____

Comments: _____

I hereby consent to have my transcript released to the address indicated below.

Signature of Student _____ *Date* _____

Please use the space below to print the name and address of place(s) transcript is being sent to. Use reverse side of this sheet if more space is needed. Fill out a mailing label for each transcript.

Address _____
 City State Zip
 Daytime Phone Number Country

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Amount: _____ Receipt #: _____
 Date Received: _____ Clearance: _____