Official Transcript Request Form

Office of the Registrar

Directions: Complete the entire form with as many details as possible. There is a $10 fee for each official transcript requested. Please submit with a check or money order payable to New York College of Health Professions. All requests require signature verification. Please include a photocopy of your driver's license or other government issued identification that includes your signature. If you completed multiple programs, you will need to pay for each transcript for each program separately (example: if you completed Massage Therapy and Acupuncture programs, you will need to pay for two transcripts).

* Please allow 5 – 7 days for delivery (14 to 21 days if you graduated / withdrew prior to 1999) *

Name on Record: _____ Student ID Number: _____

Current Name (if different from above): _____

Mailing Address:

_____

Number & Street *Apartment # / Floor*

_____

City / Town *County* *State* *ZIP / Postal Code*

Phone Number: _____ Email Address: _____

Program: ☐ Massage Therapy ☐ Acupuncture ☐ Acupuncture with Chinese Herbal Medicine ☐ Other _____

Date of Attendance: _____ to _____

Graduation Date: _____ Degree: _____

Number of Copies: _____ ($10 per transcript)

Recipient:

_____

Name of Recipient:

_____

Number & Street *Apartment # / Floor*

_____

City / Town *County* *State* *ZIP / Postal Code*

By signing below, I hereby authorize New York College of Health Professions to release academic records to the above.

Signature: _____ Date: _____

Return to:

New York College of Health Professions
Office of the Registrar
6851 Jericho Turnpike, Suite 210
Syosset, NY 11791

Email: registrar@nycollege.edu

OFFICE USE ONLY

Number of Copies: _____

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Date Processed: _____

Revised 02/2025