

## REQUEST FOR OFFICIAL TRANSCRIPT ONLY

Please complete all information requested below and submit along with payment: by fax to 631-244-3252; or, by mail to: Dowling College, Office of the Registrar, 150 Idle Hour Blvd., Oakdale, NY 11769.

IF YOU ARE HAVING SOMEONE OTHER THAN YOURSELF PICK UP YOUR TRANSCRIPT, YOU MUST GIVE THEM WRITTEN AUTHORIZATION. THE

PERSON PICKING UP THE TRANSCRIPT WILL NEED TO SHOW PHOTO IDENTIFICATION.

THE ENCLO	SED TRANSCRIPT I	S SENT TO YOU AT T	HE REQUEST OF:	IN	IDICATE ACADEMIC LEVEL
					Undergraduate
LAST NAME		FIRST NAME	MIDDLE		Graduate
ADDRESS			APT. #		Professional Diploma / Advanced Certificate
CITY		STATE	ZIP		Doctoral
( )		STATE	ZIP		
HOM	E PHONE NUMBER	BUSINESS PE	HONE NUMBER		DATES ATTENDED
		500200			Graduated
STUDENT IDEN	TIFICATION NUMBER OR	SOCIAL SECURITY NUMBE			Graduated
					DEGREE AND YEAR
STUDENT'S SIG	INATURE	D	ATE		
			1.5.70		NAME WHILE IN ATTENDANCE, IF DIFFERENT
	OLD FOR CURRENT OLD UNTIL DEGREE	SEMESTER FINAL GR	ADES.		
		O THE ADDRESS GIV	EN RELOW		
	LIND COLIES I	O THE REDUCESS GIV	EN BELOW.		
	MAIL OFFICIAL T	RANSCRIPT TO: PE	RINT LABEL WITH	ZIP	
PLEASE					OFFICE USE ONLY
PRINT					REQUESTED: IN PERSON BY MAIL
WITHIN					FEE: \$INITIAL
THIS					11172
					DATE SENT: INITIAL
BOX					REV. 8-20
	REQUESTS MUST I	BE RECEIVED AT LEA	AST TWO WEEKS BE	FORE TI	RANSCRIPT IS NEEDED.
	This reques	t cannot be honored until	your obligations (if any) t	o the colle	ege have been met.
□ I have en	closed my check m	ade pavable to Dow	ling College indic	ating m	y ID# on the face of the check
	•	- •	-	_	m your account in the amount of the check.)
□ Lauthori	ze Dowling College	e to bill my credit ca	rd:		
	0 0	AasterCard □ Visa		\$	
			_		Oate:
Verification	n Code:	(This is the last 3 digi	its on the back of your Visa or	MasterCar	d, or 4 digits on the front of your AmEx.)
Print Student's Name:			Student's	ID Nu	mber:
Print Cardl	nolder's Name		Cardh	older's S	Signature:
Time Cardi	ioraci s rvailie,		Caruni	JIGCI S C	71511utu1C.