

TRANSCRIPT REQUEST FORM

DATE _____ / _____ / _____

TO Office of the Registrar

School Name _____

Address _____

FROM

Last _____ First (legal) _____ Middle Initial _____

Maiden Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Birth Date _____

DATES ATTENDED

From _____ / _____ / _____ to _____ / _____ / _____

Please send official transcript to:



New Mt. Sinai Christian University
Admissions Department
1170 Sunset Strip
Sunrise, Florida 33313
(954) 537-3600

TRANSCRIPT REQUEST FEE OF \$ _____ ENCLOSED.

Student's Signature _____ Date _____

*Note to student: Most institutions charge a fee of \$10-15 for transcript processing. Please contact the school for information regarding the appropriate fee, and enclose a check or money order for the appropriate amount to expedite your request.