

SNIST TRANSCRIPT REQUEST FORM

Instructions:

- Fill out form completely (be sure to sign request). This form can be FAXED to 718 429 5291 or SCANNED and attached to an email to: debbie.sypeck@vaughn.edu. There is no fee for the first **three** transcripts requested. Each additional transcript will cost \$5.00 U.S. Please advise below how many you will be ordering

PLEASE PRINT CLEARLY

Name:

(First Name)

(MI)

(Last Name)

Date of Birth: / /

Roll #

Sonis ID:

CURRENTLY ENROLLED: Yes No **If No, when was your last semester of attendance:** _____

REQUESTING: Unofficial/Student Copy of Transcript Official Transcript (Sealed)

STUDENT'S CURRENT ADDRESS:

CONTACT NUMBER OR EMAIL ADDRESS WHERE YOU CAN BE REACHED:

I, HEREBY GIVE CONSENT TO VAUGHN COLLEGE TO RELEASE MY SEALED OFFICIAL TRANSCRIPT(S) TO THE ADMINISTRATORS OF SNIST. SNIST ADMINISTRATORS WILL PROVIDE THE TRANSCRIPT TO ME IN A SEALED ENVELOPE. IF THE TRANSCRIPT IS UNSEALED AT THE TIME OF SUBMISSION THE DOCUMENT CANNOT BE DELIVERED AS OFFICIAL.

STUDENT SIGNATURE:

DATE:

PLEASE CHOOSE METHOD:

Mail Transcript(s) to SNIST Mail Transcript to the address I have indicated above

PRIVACY ACT STATEMENT: Data required by the Privacy Act of 1974.

AUTHORITY: Title 38, U.S. Code, Section 1621, 1622, and 1623

DISCLOSURE: Disclosure of your Social Security Number and other person information is voluntary. However, your application cannot be processed if requested information is not provided.

Office Use Only:

Bursar's Office: Approved Denied Reason for Denial _____

Number of Copies _____

Signature _____