



**Mount
Sinai**

*Phillips School
of Nursing*

At Mount Sinai Beth Israel

TRANSCRIPT ORDER FORM

To request a transcript, please complete this form and mail to: Office of Student Services, Phillips School of Nursing at Mount Sinai Beth Israel, 148 East 126th Street, New York, NY 10035

There is a \$10.00 fee per transcript—official or unofficial. Please make checks or money orders payable to “Phillips School of Nursing”. Allow 10 business days for delivery.

Date: _____

Last 4 digits of SSN: _____

Name*: _____

Address: _____

E-mail Address: _____

Day-time Phone: _____

* Include last name while in attendance, if different.

Dates of Attendance: _____

Did you graduate: () Yes () No

I require (please check as many as apply):

- () Unofficial transcript
- () Official transcript in a sealed envelope mailed to me
- () Official transcript sent to:

Name of College or Employer: _____

Street Address #1: _____

Street Address #2: _____

City, State, Zip: _____

Name of College or Employer: _____

Street Address #1: _____

Street Address #2: _____

City, State, Zip: _____

School Policy

1. All transcript requests must be made in writing.
2. A hold will be placed against issuance of a transcript for outstanding financial obligations to the School or failure to respond to official school notices.