

REQUEST FOR OFFICIAL TRANSCRIPT



2 WASHINGTON STREET, NEW YORK, NY 10004 • 1.646.378.6101

STUDENT INFORMATION

please print clearly

Dates Attended: _____ Institution: _____
MM/YY - MM/YY

LAST NAME FIRST NAME MIDDLE INITIAL

NAME USED WHEN ATTENDING INSTITUTION LISTED ABOVE

BIRTH DATE (MM/DD/YY) SOCIAL SECURITY NUMBER

Number of student copies requested for personal records: _____

Number of official copies requested to be sent to Alliance University: _____

Total Number of copies requested: _____

A check for \$_____ is enclosed to cover transcript fees.

STUDENT ADDRESS CITY STATE ZIP

I give permission for my official transcript and other information to be sent to Alliance University.

STUDENT'S SIGNATURE DATE

REGISTRAR

Please mail this form with applicant's official transcript to

Alliance University Admissions Office
2 Washington Street
New York, New York 10004

Submit electronic transcripts through Parchment or eScrip-Safe.