



# ArnotHealth

Arnot Ogden Medical Center  
School of Nursing  
(607) 737-4153 fax (607) 737-4116  
**Academic Transcript Request**

- Complete, sign, and mail this form with the appropriate transcript fee(s)
- There is no charge for your first request. **A fee of \$5.00 is charged for each additional official or unofficial copy.**
- Processing time, for all requests is 5 business days.
- Transcripts will not be faxed.
- **Transcripts will not be released if financial obligations to the School of Nursing have not been met.**

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Previous Name(s)*

Address: \_\_\_\_\_  
*No. & Street City State Zip*

Telephone: \_\_\_\_\_  
*Home Work Cell*

Email: \_\_\_\_\_

**Dates of Attendance:** \_\_\_\_\_ **Or** **Year of Graduation:** \_\_\_\_\_

**Please check:**

- Official Transcript (*with school seal*) # requested \_\_\_\_\_
- Unofficial Transcripts # requested \_\_\_\_\_

**Each copy is \$5.00 - Applicable fee must accompany this form prior to release of transcript**

**Amount enclosed:** \$ \_\_\_\_\_ **Check or money order made payable to: Arnot Ogden Medical Center School of Nursing**

**Send transcript to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Transcripts will not be released without an authorizing signature**