



Office of Registrar
33-10 Queens Blvd Suite 200
Long Island City, NY 11101
registrar@nysmda.com
Fax: (718) 793-0619

OFFICE USE ONLY		updated 10-2017 SLN
Received	Paid	
Processed	INITIAL	DATE

Transcript and Duplicate Certificate Requests

PLEASE PRINT CLEARLY and read directions carefully. If this request is not filled out completely and/or legibly, and/or the correct fee does not accompany request; it will not be processed. There is a required \$5.00 processing fee for each duplicate certificate or transcript requested. Please make money orders payable to The New York School for Medical and Dental Assistants. For debit/credit card you payments you must complete the bottom section of this form. You may visit the office to place the order/make payment but **we do not fulfill walk-in orders or same day requests**. Please allow a **minimum of 48 hours and up to 7 business days** for processing.

REQUIRED INFORMATION

Last Name (at the time of attendance): _____ First Name: _____

Current Last Name: _____ Last 4 SSN- _____ Birth Date: _____
if different from above

Would you like to update your permanent record with all current information provided here? YES NO

ADD new name to documents? *YES NO *please attach/send a copy of valid state issued Identification for name changes

Program Attended: (please circle) Medical Assistant Dental Assistant Other

Did you graduate? (please circle) Yes No Approximate Year Attended / Graduated: _____

Current Mailing Address/Telephone/Email Contact information:

Number Street Apt # City State Zip

Area Code Phone Number E-Mail

ORDER DETAILS/MAILING/PAYMENT

I am requesting: insert # _____ Certificate (\$5 ea) insert # _____ Official Transcript (\$5 ea)

*Unofficial student copy transcript can be provided at request with purchase.

Send the requested documents to: ____ Educational Institution ____ Employer ____ To me directly ____ Pickup at NYSMDA* <small>*For pickup we will notify you by phone when ready</small> <i>Official transcripts sent directly to the student/graduate rather than to a third party will be mailed in a sealed envelope marked "official transcript." These envelopes must be delivered to the third party unopened to be accepted by the third party as an official transcript. Transcripts are void if opened.</i>	Forward my Transcript to address below: (School / Employer) Attention to: Name of institution / employer Street address Building/Room/Suite City State, zip code
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If mailing to a school or employer, please be as specific as possible (with a contact name, department, the name of the institution/company, and complete mailing address, including a building name or room number, if applicable). **NYSMDA is not responsible for loss of transcripts once they leave the Registrar's Office.** If documents are lost/didn't arrive by mail you will have to submit another request/payment.

Student Signature: _____ Date: _____

I have enclosed a money order of \$ _____ or Please use my Debit/Credit card below to process the fee of \$ _____

No official transcripts will be furnished if your financial obligations to NYSMDA have not been satisfied. Your written release for transcripts is required. Please sign your name in the space provided above. Fees must be paid at the time of your request. Official copies bear The New York School's raised seal and the signature of the Registrar. Although every attempt will be made to process requests as soon as possible, allow up to 7 business days for processing. Confirmations are not mailed to student. Transcripts will not be faxed or emailed, and are provided in print form only.

Debit/Credit card information is not kept on file and this section of the form will be removed and shredded once payment is complete.

The Name as it appears on the debit/credit Card is: (please print) _____

My card number is _____ The expiration date is: _____