Transcript Request Form
The Belanger School of Nursing

Please fill out one form for each request.

Name: ____________________________

Address: __________________________

Your name as it appeared while enrolled: __________________________

Years of attendance or year of graduation: __________________________

Last four digits of Social Security Number: __________________________

Transcript Recipient’s Information: __________________________
(Include recipient’s name and complete mailing address)

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A $5.00 fee must accompany each transcript request.
Payment may be made by check or money order. (Please, do not mail cash.) Make checks payable to- The
Belanger School of Nursing.
Mail requests to: The Belanger School of Nursing, 650 McClellan Street, Schenectady, New York 12304.

*Please note that there is no fee required for currently enrolled students.

Signature: __________________________
(Signature is required for release of transcript.)

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