

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)

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.)