



ENDICOTT COLLEGE

Professional Development Transcript Request Form



REFER TO THE TRANSCRIPT REQUEST INSTRUCTIONS FOR PROPER PROCEDURES

Courses taken through:

Dellacave _____ Sachem Teachers Ctr _____ Wilson _____ Other (specify) _____

**LIST COURSE NUMBER(S) AND NAME OF COURSE THAT ARE TO APPEAR ON
TRANSCRIPT AND THE SEMESTER TAKEN (EX: SU07, FA07, SP07, OR WI07):**

Full Name _____ Student ID # or SS# _____

Any Former Names _____ Contact Number or e-mail _____

Street Address _____ DOB: _____

City _____ State _____ Zipcode _____

Number of copies requested _____

Type: Official Sealed _____ Issued to Student _____ Unofficial _____

Cost: \$6 per copy (effective 7/1/08)

Credit/ Debit card payments (We do not accept Discover)

Credit Card # _____ ~ _____ ~ _____ ~ _____ exp date: _____

Cardholder Name: _____

Submitting by mail: (Cash or Check) \$ _____

Send Transcript(s) to: Complete address is required: (We do not fax transcripts)

Signature _____ Date _____

Revised 02/08/08 KL