

The purpose of this form is to release an official copy of your transcripts. Unofficial transcripts can be obtained through your student portal. All official transcripts are released on transcript paper in a sealed envelope. At this time official transcripts cannot be sent electronically.

**Official transcripts will not be released if there is any outstanding financial obligation to NewSchool.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student ID \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name while attending NewSchool if different from above \_\_\_\_\_

Are you currently enrolled at NewSchool? ☐ Yes ☐ No

Last Term Attended \_\_\_\_\_

Number of Transcripts Requested \_\_\_\_\_ **(A \$10.00 fee will be charged per transcript.)**

**Payment**

- ☐ Cash (Do not mail cash)
- ☐ Check (Payable to "NewSchool")
- ☐ Credit Card (complete credit card information below)
- ☐ Scholarship (List Scholarship) \_\_\_\_\_

**Send**

- ☐ Immediately
- ☐ Hold for Final Grades
- ☐ Hold for Degree Conferral

**Credit Card Information (complete only if paying with a credit /debit card)**

Name on Card \_\_\_\_\_ Type of Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Mailing Instructions**

- ☐ To Student (provide address)
- ☐ Third Party (provide address)
- ☐ Pick up in Registrar's Office
- ☐ NewSchool Email (\*Note: Transcripts will be a scanned copy of an official transcript. Official paper copy of transcript will be available for pickup in Registrar's Office for 6 months after date of request. No other email addresses will be accepted\*)

Send to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

By signing below I authorize release of my Official Academic Transcripts to the party(ies) listed above.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(No digital signatures will be accepted)

**COMPLETED FORM MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE**