



TRANSCRIPT REQUEST

Name _____

Maiden Name, if applicable _____

Social Security Number _____

Student ID Number _____

I was a student at your institution from _____
to _____

Please send my official transcript to: Adelphi University

1 South Avenue
Office of Admissions
Garden City, NY 11530

Amount enclosed \$ _____ (contact previous institution for
transcript fee).

Signature _____ Date _____