REGISTRAR’S OFFICE - TRANSCRIPT REQUEST FORM

Please read the policy before you print out, complete, and mail this form with payment, if applicable to:
New England College of Optometry, Registrar’s Office, 424 Beacon Street, Boston, MA 02115

Name: ________________________________
First                                                Middle                                                Last

For alumna/alumnus—name as a student if different from above: ________________________________

Student ID Number (3 to 6 digits): ___________________________  Date of Birth: ___________________________

Fill in one:  NECO Degree(s) received & date(s): ________________________________

Dates of attendance: ________________________________

Present program & graduation year (ex: OD2019): ________________________________

Present Address: __________________________________________

________________________________________
E-mail: ________________________________

Cell Phone: ___________________________  Day Phone (if no cell): ___________________________

Three to five working days are required for all transcripts. No transcripts will be sent until all outstanding fees have been paid.

There is a charge of $10.00 per transcript for alumna/alumnus. The correct amount must accompany this request. Official transcripts are not sent to alumna, alumnus or students.

Please INDICATE number of transcript(s) and PRINT name and address of where to be sent.

1. Circle the number and type of transcripts to be sent to the address below in the same envelope:
   1 2 3 and unofficial or official

   __________________________________________

   __________________________________________

   __________________________________________

3. Circle the number and type of transcripts to be sent to the address below in the same envelope:
   1 2 3 and unofficial or official

   __________________________________________

   __________________________________________

   __________________________________________

Signature: __________________________________________  Date: __________________________

FOR OFFICE USE ONLY

Amount received: _____  Check____/Cash____  Received by: ___________

Date Sent: ___________  Sent by: __________________________  03/2016