



LEGACY TRANSCRIPT REQUEST

The College of New Rochelle

(This is a fillable PDF form. Type your response in the boxes and then save or print)

Student Name: _____ Date: _____

Your Current Address: _____

Mail Transcript to: (Type or print neatly)

Day Phone: _____

Email: _____

Number of Official Copies: _____
(Maximum of 5 per request)

CNR Student ID# -or- SSN: _____ Date of Birth: _____

Previous/Maiden Name (if applicable): _____

Please include ONLY ____ Graduate ____ Undergraduate level of classes with my request.
(Please note that both levels will be included if not specified.)

Attendance at College of New Rochelle:

Dates of Attendance (mo./year): ____/____ to ____/____

Graduation Date, if applicable (mo./year): ____/____

Program of Study: _____

Campus Location Attended: _____

**** COLLEGE OF NEW ROCHELLE TRANSCRIPTS ARE NOT YET AVAILABLE ****
Mercy College is working diligently with CNR to obtain complete transcript data. Requests will be processed in the order they were received upon receipt of the transcript data .
Thank you for your patience.

Email to: registrar@mercy.edu
Subject: CNR Transcript Request

Fax to: Registrar's Office
914-674-7516

Mail to: Mercy College
555 Broadway
Dobbs Ferry, NY 10522
Attn: Registrar - CNR Transcripts

If you need transcripts sent to more than one location, please complete multiple forms. Please do not write on the back of forms.
Please allow 5-7 business days for processing.