



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: _____

Mail Transcript to: (Type or print neatly, this box MUST be completed)

- ← Name
- ← Street Address
- ← City, ST Zip

Day Phone: _____

Number of Official Copies: _____

Email: _____

(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: _____

*** PLEASE BE ADVISED THAT WE DO NOT PROVIDE OFFICIAL ELECTRONIC COPIES. ***

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.

