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| The Office of College and University Evaluation at the New York State Education Department is currently fulfilling transcript requests for students who attended ASA College’s New York State locations. Processing time for these requests takes an average of 14 business days depending on the volume of requests.**I**f you were a student who attended ASA College in Florida, request your transcript here: [Florida Department of Education Transcript Requests](https://web02.fldoe.org/CIE/Transcript/TranscriptRequest.aspx) Submission Instructions:1. Complete this request form in its entirety. ***NOTE: Incomplete forms will be returned.***
2. Submit as either a hard copy via mail or as a PDF or JPG copy via email:
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| * Mailing address for hard copy submissions:  New York State Education Department  Office of College and University Evaluation 89 Washington Avenue, Room 960 EBA Albany, NY 12234
 | * Email address for PDF submissions: OCUETranscripts@nysed.gov
 |

***Please type or print all information:***

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| --- | --- | --- |
| **Last Name:**  | **First Name:**  | **Middle Initial:**  |

|  |  |
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| **List all names used during Attendance:** |   |
| **Student ID (if known):** |   |
| **Date of Birth:** |   |
| **Current Home Address: (include *Street, Apt. #, City, State, Zip Code*)** |   |
| **E-mail Address:** |   |
| **Phone Number:** |   |

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| --- | --- |
| **Title of Program:** |   |
| **Dates Attended: (from and to)** |   |
| **Total # of Terms Attended:** |   |
| **Graduated?** | [ ]  Yes [ ]  No |
| **Have you requested an ASA Transcript from the Department previously?** | [ ]  Yes [ ]  No |

**I authorize the New York State Education Department to forward my transcript, if available, to the following:**

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| **Name of College/Company****Or Self** [ ] **:** |   |
| **Name of Contact:** |   |
| **Mailing Address of Contact:** |   |
| **Email Address of Contact:** |   |
| **Check All That Apply:** | [ ]  Send transcript by mail (hard copy, mailed only to requested location) [ ]  Send transcript by email (PDF copy sent by email, requestor is copied on email) |
| **Original Student Signature\*:** |   |
| **Date:** |   |

**\* *If an individual other than the student is filing this form, an original letter of authorization signed by the student is required due to the confidential nature of these records.***