



Transcript Request Form

Name _____ SS# _____

Any Previous Names _____ Date of Birth _____

Permanent Address _____ Year Attended _____

Phone (_____) _____ Location Attended _____

Email address _____

General Information:

- All financial obligations must be paid before the transcript request will be processed.
- Students loans must be in good standing (NOT in default). Default status will be checked.
- All requests are processed within 5-7 business days.
- By federal law, email requests cannot be considered as consent for release of transcript information.
- Incomplete forms will NOT be processed and will be returned.

Instructions:

- Provide all requested information. Type or print. MUST BE LEGIBLE.
- Fax completed form to (518) 477-9833, Attn: Catherine Sager OR mail to Questar III, 10 Empire State Blvd., Castleton, NY 12033, Attn: Catherine Sager OR scan and email to Catherine.Sager@questar.org.

Please send my Questar III LPN Program transcript to the following address(s):

Request # 1:

Request # 2:

Name of College or Business

Name of College or Business

Street Address

Street Address

City, State, Zip

City, State, Zip

Fax number (if unofficial transcript
to be faxed)

Fax number (if unofficial transcript to be faxed)

Student Signature _____

Date _____