## **Northeastern Academy**

## Transcript Information

Use the transcript request form for **all** transcript requests. Verbal, e-mail, phone, or any other forms of requests will not be acceptable.

There are several methods for turning in the transcript request form. Do not give your requests directly to the registrar. Please only use the methods below when making your requests. Remember, your handwritten signature must be legibly written on all forms, include a digital signature on e-mail requests.

**At school**: Please submit all transcript requests in the main office.

Fax: (212) 569-6145 Attn. - Registrar

**E-mail**: avery.dawson@northeastern.org

Mail: Northeastern Academy Attn: Registrar 532 W. 215 Street, New York, NY 10034

All official transcript requests will require financial clearance from the business office before the transcript request will be processed.

Most transcript requests will be processed and sent out within 48 hours after receipt by the registrar. Due to the nature of end-of-year procedures, year-end transcripts will be available two weeks after graduation for graduating seniors. Other high school transcripts will be ready at least three weeks after graduation. An additional fee of \$15.00 will be charged for expedited transcripts. Please let us know in advance if your transcript request is time sensitive and please include the timeframe in which it is needed.

Official transcripts are mailed directly to the institution. If an official transcript is requested, but not mailed (for scholarships, jobs, etc.), please leave it sealed for it to remain official. Any open envelopes are considered unofficial.

School/physical addresses and mailing addresses are different. Please include in your request, the mailing address and the department to which the transcript needs to be sent.

## Northeastern Academy

## Request for Transcript Release

| Student Name:                  |  |
|--------------------------------|--|
| Other Names Used: (include ma  | niden name)  |
| Date of Request:               | Date of Birth:   |
|                                | Last year in attendance at NEA                                   |
| Please send a transcript of my | grades to the following school(s):                               |
| School: Address:               |  |
|                                |  |
|                                |  |
| School: Address:               |  |
| 5611001. 1 <b>1441</b> 265.    |  |
|                                |  |
|                                |  |
| Please send:                   |  |
| ☐ Expedited ☐ US Postal Se     | ervice   |
| Please note that your school a | ccount must be paid in full before your transcript will be sent. |
| Student, Parent, or Legal Gua  | urdian Signature Date  |
| Transcript Fee \$5.00          | Expedited Transcript Fee \$15.00 (Same Day)                      |
| For Office Use Only:           |  |
|                                | d by credit card   Date Sent:                                    |
|                                |  |