

Office of the Registrar | 715 North Avenue | New Rochelle, NY 10801 914.633.2497 | fax 914.633.2182 | registrar@iona.edu | www.iona.edu

## **High School Link Transcript Request Form**

(No Charge to LINK Non-Degree Students Only for Standard Mailing)

Mail to: Iona University Registrar's Office, 715 North Avenue, New Rochelle, NY 10801 or email scanned image to: registrar@iona.edu

Date:			
Last Name:	First Name:	M.I.: Date of Birth:	
Address:	City:	State: Zip:	
Phone:	Email:		
High School Attended:			
l would like to <i>(please check one):</i>	☐ Mail transcript to recipient & address below.	☐ I will pick up my transcript.	
Recipient:			
Address:	City:	State: Zip:	
By signing this form, I authorize the	release of my official transcript to the recipient indi	cated on this request.	
Student Signature ( <i>Required</i> )		Date	

Transcripts will not be e-mailed or faxed and unofficial transcripts are not provided. Allow 3-5 business days for processing. Use this form for transcripts mailed via standard US Postal Service first class mail.