

AALPDS TRANSCRIPT REQUEST TEMPLATE:

1. To whom do you want the transcript sent:

Full Name: _____ Title: _____

Address: _____

Address: _____

City: _____ State: _____ ZIP CODE: _____

2. Send the following information for each student who needs a transcript:

Full Name: _____ (no nicknames such as Kathy or Bill)

SS#: _____ -- _____ -- _____

Date of Birth: _____ Gender: _____

Student's Address: _____

Daytime Phone #: () _____

Email address _____

3. Course(s) taken for CEUs: Please complete as much of the information below that you know. Frank Melia will complete the remainder. Thank you.

Course 1:

Term course is offered _____, Dates course is offered _____

Course Number: OFFICIAL USE

E A A P _____ (must use format of EAAP#### & each course title must have a unique number)

Course Title:

(must be no more than 32 total spaces)

Course 2:

Term course is offered _____, Dates course is offered _____

Course Number OFFICIAL USE

E A A P _____ (must use format of EAAP#### & each course title must have a unique number)

Course Title

(must be no more than 32 total spaces)

(if more than 2 courses, continue on the back of this form)

4. The current transcript fee at Fordham is \$5.00 per transcript. Please make check payable to **Fordham University** and mail to:

Frank Melia, AALPDS Transcript Requests
Fordham University GSE
113 West 60 Street, room 1102
New York, New York 10023