



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
 AT HOFSTRA/NORTHWELL

Transcript Request Form

Donald and Barbara
 Zucker School of Medicine
 at Hofstra/Northwell
 Office of Student Records
 500 Hofstra University
 Hempstead, NY 11549-5000
 email: SOMRegistrar@hofstra.edu
 phone: 516.463.7576

Directions: Please fill out this form and return to SOMRegistrar@hofstra.edu with the subject line, "Transcript Request". This request can take up to two business days to process. We appreciate your patience.

Section I: Student Information

Name: _____

Hofstra ID Number: _____ Class Year: _____

Current Mailing Address:

Email Address: _____ Phone: _____

Section II: Student Certification

I, _____ (Name) give the Zucker School of Medicine Office of Student Records permission to send my official transcript to the address(es) provided below.

Signature: _____

Number of Copies: ____

Number of Copies: ____

To Address 1:

To Address 2:

