

**NEW ENGLAND  
CULINARY INSTITUTE®**

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## Transcript Request

There is a **\$15 processing fee** for each transcript requested. Please include a check made out to NECI with your request.

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Attendance Dates: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Request for (please check one):  Official Transcript  Unofficial Transcript  GPA Letter

Number of Transcripts requested: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature required)*

### Please mail Transcript to:

Name of School/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please return this form with payment by mail. Enclose payment of \$15.00 for each transcript requested.

Make your check payable to NECI. Mail to: Registrar's Office

New England Culinary Institute

7 School Street

Montpelier, VT 05602

**Fax: 802.225.3284**

Phone: 802.225.3262