



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 College 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: _____

I would like to (please check one): ☐ 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 indicated on this request.

Student Signature **(Required)** _____ 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.