

Webb Institute

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Transcript Request Form*Form may be mailed or scanned and emailed.*

Date _____ Number of Transcripts _____

Last Name _____ (Other Last Name) _____ First _____ M.I. _____

Street _____ Telephone No. _____

City _____ State _____ ZIP _____

Email Address _____

Graduation Date: _____

Dates of Attendance: _____

Please Send Transcript To: Same Address as Above ↑
 Address Below ↓

College, School, Organization or State Department _____

Name/Department _____

Street _____

City _____ State _____ ZIP _____

I Request: Official Copy – Mailed directly to Institution Official Copy – Mailed to student in sealed envelope_____
Signature

Webb Institute complies with the provisions of the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380), which provides for the confidentiality of student records unless released by the student.