



STUDY ABROAD AND EXCHANGES

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Study Abroad Transcript Request Form

(Make sure you sign the bottom of this form in order for request to be processed!)

Name: _____ Date of Birth _____

Semester You Studied Abroad: _____ School Attended: _____

Phone number: _____ Email address: _____

If you require sending transcript to more than one address please attach additional sheets.

Address to send transcript: _____

- Transcript fee of \$5.00 per copy requested

Number of transcripts requested: _____

Method of Payment: Check (make payable to SUNY Plattsburgh Study Abroad & Exchanges)
 Money Order
 Credit Card (Visa, MasterCard, Discover)

If paying by credit card please include the following:

Credit Card #: _____ Expiration Date: _____

Name on Credit Card: _____

Total amount to be charged: _____ Signature of card holder: _____

- Please allow 5-7 business days for processing.
- Signature of student is required in order to release transcript
- All debts must be cleared before releasing transcript

Signature: _____ Date: _____