

TRANSCRIPT REQUEST FORM

SUNY Plattsburgh

*Student's signature required for all transcript requests.

*All outstanding obligations to the college must be cleared before a transcript can be issued.

*Transcripts from other colleges cannot be duplicated.

Student's Name (print): _____
Last First MI

Previous Names (list all): _____

Student's ID: _____ Date of Birth: _____

Home Address: _____

Local Address: _____

Email Address : _____ Home/Local Telephone _____ / _____

Are you currently enrolled? _____ Yes _____ No If no, last date of attendance? _____

Degree(s) & Dates Awarded: _____

Please process: _____ Now
_____ After degree is posted
_____ After current term grades are posted

Note: Allow a minimum of five business days for processing (during end-of-semester and registration periods, allow up to three weeks for processing).

Pick Up (ID Required): _____ Yes _____ No

Number of copies to address listed below: _____ **(\$5.00 fee per transcript)**

Transcript Forwarding _____
Address: _____

Number of copies to address listed below: _____ **(\$5.00 fee per transcript)**

Transcript Forwarding _____
Address: _____

PAYMENT INFORMATION

- Credit Card Type _____ Credit Card No. _____ Exp. Date _____
Three-digit security code (CCV# on back of credit card) _____. (Discover, MasterCard, and Visa accepted.)
- Check Number _____ Check Amount _____
- Cash Amount _____

STUDENT'S SIGNATURE (REQUIRED): _____ Date: _____

Registrar's Office, Kehoe 3rd Fl., 101 Broad Street, SUNY Plattsburgh, Plattsburgh, NY 12901 (FAX: 518-564-4900)

Initials _____ SOAHOLD _____