

TRANSCRIPT REQUEST FORM

Student Information

| Current Name: | | | |
|--|--------------------|--------------------------------|------------------------------------|
| First | Middle | | Last |
| If attended under a different name then above, please | e also provide pre | vious name. | |
| Previous Name (if applicable): | | | |
| First | | Middle | Last |
| Student ID#: or | Last 4 of SSN: | Only if Student ID is unknown | Date of Birth: |
| Street Address: | | | |
| City: | | | |
| Country: Email Address: | | Phon | e: |
| Graduated: Quesciprocess Yes Date of graduation: | OR | □ No Last term attended: | / |
| Transcript Request Information | | | |
| Type of Transcript: | /Student Copy | | |
| # of Copies Needed: | | | |
| Please identify the specific Office, Institution, Organ (official transcripts must be addressed to a third party | | y and the exact address in wh | ich the transcript is being issued |
| Office/Attention To: | | | |
| Institution/Organization/Agency: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Please select one of the following options: Mail transcript directly to address above Mail transcript to my address Will pick up transcript in person | | Additional instructions: | 6 |
| Authorization: By signing below, I hereby authorize the release of n | ny SUNY Maritir | ne College transcript as indic | ated above. |
| Signature: | | Date: | |
| This form must be submitted to the Office of the I Check or money order is required if sent by mail. required. Please allow 2-3 business days for proce | If sent via fax (| | |