STATE UNIVERSITY OF NEW YORK MARITIME COLLEGE
OFFICE OF THE REGISTRAR
WEB TRANSCRIPT REQUEST

<table>
<thead>
<tr>
<th>Last Name*</th>
<th>First Name</th>
<th>Middle Name</th>
<th>* If Attended under different Name</th>
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<tr>
<th>Social Security Number or ID #</th>
<th>Date of Birth</th>
<th>Indicate Graduated YES/ NO or Last attended &amp; INCLUDE DATES</th>
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Student’s Street Address

City | State or Country | Zip Code | Day time phone number
-----|------------------|----------|----------------------|
      |                  |          |                      |

Indicate where the transcript should be sent or issued. In order for the transcript to be official, the transcript must be sent or issued in a sealed envelope addressed to the specific institution, agency organization, to the specific office, the street address, city, state and zip code. A transcript issued to a student is a STUDENT COPY. Effective July 1, 2009, the transcript charge will be $10 PER TRANSCRIPT.

The Signature of the Student is required for the release of any transcript requested.

SIGNATURE OF THE STUDENT | DATE
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Please indicate where the transcript should be issued:

Name & Address where transcript to be issued. Official Transcripts are issued to the Specific Offices of Institutions, and Agencies or Organizations Only

Check is required if sent by mail. If sent via fax, must include credit card charge, Master or Visa cards only. Include name of credit card, Name on the credit card, card credit number #, expiration date, an authorization to charge credit card for the cost of the transcript processing $10.00 per transcript requested. NO email requests will be accepted. Signature of student is required.

Print this form for each transcript requested. Processing time is five business days except in peak periods of the semester. Please note that you can also print of the Credit Card Authorization form as well to provide the credit card Information.

For Office Use
Date Received ______________ Date Sent ______________ Check ______________ Money Order_________ Credit Card ___________

C: transcript request WEB 6/26/09
6 Pennyfield Avenue | Throgs Neck, NY 10465-4198 | Tel: (718) 409-7266 | FAX: (718) 409-7264