



EMPIRE STATE COLLEGE

STATE UNIVERSITY OF NEW YORK

Transcript Request Form

Please print or type

SS # or ID # _____

Empire State College center attended _____

Student name (or other names known by) _____

Current name _____

Street/Apt. _____

City/State/Zip _____

E-mail address _____

Check which phone(s) you can be reached at during the day

Home _____ Work _____ Cell _____

IMPORTANT INFORMATION

- Your transcript consists of a degree program, if approved by the Office of Collegewide Academic Review, and copies of all contract evaluations on file at the time of the request, summary with grades if awarded.
- Transcripts are processed in the order in which they are received.
- Please note: official transcripts (enclosed in a sealed envelope) opened prior to being delivered to a third party might not be considered official.
- No transcript will be furnished to a student or alumnus who has outstanding financial obligations.

MAIL (check one): Now After my course evaluations/grades are in from my current term of enrollment
 After my degree program has been concurred When my degree has been awarded

PAYMENT OPTIONS

Check, make payable to Empire State College
 Money order, make payable to Empire State College
 Credit card, account # _____ Exp. date _____
 Card holder signature _____ Date _____

Your first transcript ever requested is free. Each additional transcript is \$5 each.

_____ number of undergraduate transcripts at \$5 each to be sent to the following recipients.

_____ number of graduate (master's) transcripts at \$5 each to be sent to the following recipients.

Enclosed is \$_____.

Signature _____ Date _____

Transcript will not be released without your signature

Send _____ number of transcripts to the following address:

Send _____ number of transcripts to the following address:

Attach additional pages (for more recipients) if needed.

Mail to: Transcript Request, Office of the Registrar, Empire State College, Two Union Avenue, Saratoga Springs, NY 12866-4390
 Fax to: Transcript Request, Office of the Registrar, Empire State College, 518 580-0105

For Office Use Only

Payment amount _____

Student status _____

Transcript mailed _____

O/N _____

Special action _____