TRANSCRIPT REQUEST FORM

SUNYID #				—			—				

SEND TO:

_____

_____

_____

_____

_____

THIS FORM WILL BE USED IN A WINDOW ENVELOPE.
YOU ARE RESPONSIBLE FOR CORRECT AND LEGIBLE ADDRESS.

1. Complete a separate request for each address.
2. Enclose $5 for every copy requested.
3. Requests will not be processed unless all financial obligations to the college have been satisfied.
4. **Allow 5-10 days** for processing and postal delivery time.
5. Official transcripts issued to a student will be labeled "Issued to Student."

Signature: _____

TRANSCRIPTS WILL NOT BE RELEASED WITHOUT SIGNATURE.

YOUR NAME AND COMPLETE ADDRESS:

_____

_____

_____

_____

Phone No.: _____

E-mail Address: _____

❑ Check if new address.

Institute of Technology
100 Seymour Road • Utica, NY 13502
(315) 792-7262 • Fax: (315) 792-7802

TODAY'S DATE ___/___/___

❑ Official Transcript
❑ Unofficial Transcript

CHECK ONE BOX:

❑ Please **mail immediately**
❑ I will **pick up** the transcript
❑ **Hold** for current semester's grades
❑ **Hold** for degree to be posted

How many transcripts shall we send: _____

If you were last registered under a different name, indicate former name:

_____

DO NOT WRITE BELOW THIS AREA

Receipt #: _____

Remarks:

_____

Transcript Mailed _____/_____/_____ Initial _____

Please make checks payable to SUNYIT: SUNYIT accepts Visa, Master Card and Discover.

Account # _____ Expiration Date_____ Security Code _____
3 digit code on back of card

❑ Paid online

Mail completed form to:

Bursar Office
SUNY Institute of Technology
100 Seymour Road
Utica, NY 13502

REV: 7/10 - 2 Part