

TRANSCRIPT REQUEST FORM

SS/ID #				-			-			
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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

P.O. Box 3050 • Utica, NY 13504-3050
(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 _____

Paid online

3 digit code on back of card

Mail completed form to:

**Bursar Office
SUNY Institute of Technology
P.O. Box 3050
Utica, NY 13504-3050**