

TRANSCRIPT REQUEST FORM



P.O. Box 3050 • Utica, NY 13504-3050
(315) 792-7262 • Fax: (315) 792-7802

SOCIAL SECURITY #																			
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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 five 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.: _____

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:

(Please Print)

DO NOT WRITE BELOW THIS AREA

Receipt #: _____

Remarks: _____

Transcript Mailed _____ Initial _____

_____/_____/_____

REV: 1/02 - 2 Part

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

Account # _____ Expiration Date _____

Mail completed form to:

Registrar's Office
SUNY Institute of Technology
P.O. Box 3050
Utica, NY 13504-3050