

REQUEST FOR OFFICIAL COLLEGE TRANSCRIPT

A transcript is the official record of all your courses, grades and degrees awarded from SUNY Cortland. A request for an official transcript must be made in writing and cannot be processed without your signature.

PLEASE PRINT LEGIBLY:

Student Name: _____ Cortland ID # /
Last First Middle Social Security #: _____

Previous Name: _____
(Any other name you may have used while at Cortland to aid in locating your academic record)

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ E-mail: _____

NAME OF RECIPIENT(S) AND MAILING ADDRESS:

Number of copies: _____ (max 10 per request) Number of copies: _____ (max 10 per request)

<i>Name</i>	<i>Name</i>
<i>Company / Institution</i>	<i>Company / Institution</i>
<i>Address</i>	<i>Address</i>
<i>Address</i>	<i>Address</i>
<i>City State Zip Code</i>	<i>City State Zip Code</i>

If you have additional recipients, please attach a separate sheet listing addresses.

Please check box and provide date of birth if you attended SUNY Cortland prior to 1987.
 Date of birth _____ (to assist in locating your academic record)
Month / Day / Year

COURSEWORK LEVEL (check all appropriate): Undergraduate Graduate Study Abroad Only

MAILING INSTRUCTIONS: as soon as possible after current term grades after degree is posted

AUTHORIZATION: I hereby authorize the release of my SUNY Cortland transcript in accordance with the Family Rights and Privacy Act (The Buckley Amendment) as amended:

Student Signature: _____ Date: _____

REQUEST CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

SPECIAL PROCESSING SERVICE:

Overnight shipping is available at your expense. Your credit card will be billed directly by the shipping company.

Credit Card #: _____ Exp. Date: _____ Signature: _____

FOR OFFICE USE ONLY: <input type="checkbox"/> Clear Received by _____
