



Cornell University

Student and Academic Services  
Office of the University Registrar  
B07 Day Hall  
Ithaca, New York 14853-2801  
t. 607.255.4232  
f. 607.255.6262

### Transcript Request Form

If you do not have a NetID and/or attended Cornell prior to 1982, please fill out the form below and submit your request via postal mail or fax.

**Personal Information** (All fields are required.)

Name	
Address	
City/State/Zip	
Phone	
Email	
Full name while attending Cornell	
Student ID	
Social Security Number	
Date of Birth	
Dates of Attendance	

Please provide a complete destination address for each transcript. If you need additional space, please add additional sheets. **Please limit your request to 10 copies per order.**

**Number of Transcripts**                      **Transcript Destination Address**


By signing this form, you allow Cornell University to release copies of your official transcript to the above listed recipients.

**Signature** \_\_\_\_\_

Please send your request to:

Office of the University Registrar  
Attn: Transcript Department  
B07 Day Hall, Cornell University  
Ithaca, NY 14853

OR

Fax: (607) 255-6262