## Farmingdale State College

## State University of New York

## **OFFICIAL TRANSCRIPT REQUEST FORM**

Your request must contain all information and signature.

ame	Maiden Name (if any)
udent ID/RAM Number	Birth Date
ldress	Dates of Enrollment (optional)
I authorize Farmingdale State College to rele	ease my official transcripts as indicated below:
Sigr	nature
Please list the third party a	ddresses in the spaces below:
1)	_ 2)
	(4)
	ing of official transcripts; processing time will be ks during busy periods.
e <u>DO NOT</u> hold transcript requests for an	ks during busy periods. 

## **OFFICE OF THE REGISTRAR**

Transcript requests may be submitted to Farmingdale State College, Office of the Registrar-Laffin 225, 2350 Broadhollow Road, Farmingdale NY 11735-1021; you may also use the after- hours drop box adjacent to the office entrance. Your requests must contain all information on the first page of this form.

Transcript Fees

- 1. Requests for up to five (5) transcripts are free of charge.
- 2. All transcript requests OVER five (5) cost \$5.00 each.
- 3. Re- sends cost \$5.00 each

The Office of the Registrar is unable to process any requests for transcripts by those students with a financial obligation to the college. Please ensure that you have cleared any "holds" prior to submitting your requests to avoid delays. The request will be mailed back to you if there is a "hold".

Official transcript requests are done in chronological order; busy periods require extended processing time. You are responsible for following up with the school or organization where the transcript was sent.

Thank you for your cooperation. Questions may be directed to the Office of the Registrar, telephone 631-420-2778. If you wish to fax your request, you may do so at 631-420-2275.