

Transcript Request Form

The Office of Records and Institutional Research
Alfred State College, Alfred NY 14802

☐ Send Now ☐ Send at end of current semester

Date	Social Security No.	Last Name	(Maiden)	First	Middle
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PRINT YOUR NAME ABOVE AS SHOWN ON SCHOOL RECORDS

REQUEST FOR TRANSCRIPT

PLEASE SEND _____ TRANSCRIPT (S) OF MY RECORD TO:

General Information	Transcript Policy
<p>In accordance with Federal Law, records cannot be released without the written consent of the student each time a transcript is to be sent. ONLY ALFRED COURSE WORK IS RELEASED. Transcripts will <u>Not</u> be released if there is any money owed to the college. All copies are \$5.00 each.</p>	<p>All transcripts are \$5.00 each. Official transcripts are not issued to students. An unofficial transcript may be ordered for personal use. After graduating, each student will receive one free copy of their complete academic transcript along with their diploma.</p>

Student's Name and Mailing address to Be Printed Below

FEE OF \$5.00

Did You Take Bachelor Level Courses at Alfred?

Yes _____ No _____

STUDENT'S SIGNATURE

Note: Please Allow Two Weeks for Processing During Peak Times