

TRANSCRIPT REQUEST FORM

SUNY Plattsburgh

*Student's signature required for all transcript requests.

*All outstanding obligations to the college must be cleared before a transcript can be issued.

*Transcripts from other colleges cannot be duplicated.

Student's Name (print): _____
Last First MI

Previous Names (list all): _____

Student's ID: _____ Date of Birth: _____

Home Address: _____

Local Address: _____

Email Address : _____ Home/Local Telephone _____ / _____

Are you currently enrolled? ____ Yes ____ No If no, last date of attendance? _____

Degree(s) & Dates Awarded: _____

Please process: ____ Now
____ After degree is posted
____ After current term grades are posted

Note: Allow up to three weeks for processing.

Pick Up (ID Required): ____ Yes ____ No

Number of copies to address listed below: _____ (**\$5.00 fee per transcript**)

Transcript Forwarding _____
Address: _____

Number of copies to address listed below: _____ (**\$5.00 fee per transcript**)

Transcript Forwarding _____
Address: _____

PAYMENT INFORMATION (Credit cards are not accepted for requests submitted through the mail or in person.)

- Check Number _____ Check Amount _____
- Cash Amount _____

*Credit card payments are accepted by our online transcript request service offered by Credentials, Inc.:
<http://www.plattsburgh.edu/alumni/transcripts.php>

STUDENT'S SIGNATURE (REQUIRED): _____ Date: _____

Please mail request and payment to: Registrar's Office, Kehoe 3rd Fl., 101 Broad Street, SUNY Plattsburgh, Plattsburgh, NY 12901

Email: registrar@plattsburgh.edu

Initials _____ SOAHOLD _____

12/12/13