

# Request for Transcript

Office of the Registrar  
The State University of New York College at Potsdam  
Potsdam, NY 13676-2292

Phone: 315-267-2154 ~ Fax: 315-267-2157

**\*A TRANSCRIPT FEE IS NOT REQUIRED\***

## PRINT YOUR FULL NAME AND ADDRESS

NAME ~ Current name and all previous names (if any) to help us locate your records:		
ADDRESS ~ Street:		
City:	State:	Zip:
Phone Number:	Email Address:	

**Current Name Signature REQUIRED:** \_\_\_\_\_

**Social Security/ P# REQUIRED:** \_\_\_\_\_

**Dates of Attendance:** \_\_\_\_\_

**When do you want the transcript(s) to be sent? (NOTE: We do not fax transcripts.)**

**Please select one or more of the following 3 choices:**

1.) Send now       2.) Send at the end of this current semester

3.) Send when SUNY Potsdam Degree is awarded

**Anticipated date of degree completion (if not yet awarded):** \_\_\_\_\_  
(Month/Year)

**How many copies of the transcript would you like sent to the address below:** \_\_\_\_\_

**PRINT** the exact name and address (including office and zip code) of where you want the transcript to be sent. If you are requesting a copy for yourself, write "same as above" here:
