

Academic Transcript Request Form

HOW TO REQUEST AN ACADEMIC TRANSCRIPT

- Use one transcript request form for each address you would like the transcript mailed to.
- Marriage Certificate, Divorce Decree, or court order documentation must be provided for any **name change** to be reflected on your transcript.
- Signature is **required**. This form cannot be electronically signed.
- Email the completed transcript request form(s) to the Registrar's Office at Registrar@cobleskill.edu

OR

Fax the request(s) to (518) 255-5333

OR

Mail transcript request form(s) to:

SUNY Cobleskill
Registrar's Office
Knapp Hall, Room 100/101
Cobleskill, NY 12043

- Requests are usually processed within five to seven business days. Transcripts requested with this form are mailed, **NOT** faxed or emailed.
- Transcripts will not be issued if you have any outstanding obligations to the College.
- Please contact the Registrar's Office at (518) 255-5521 with any questions.

PLEASE PRINT

Student Last Name: _____ First Name: _____

Former Name(s): _____ Date of Birth: _____
(maiden – if applicable; marriages, etc)

Student Signature: _____ Student ID # **OR** SSN: _____

Currently attending? YES NO If no, last semester or year attended: _____

Check if applicable: _____ Hold until grades are posted at end of current semester

_____ Hold for degree awarded status to be posted

_____ I'm currently enrolled in a College in the High School course(s)

Current Address: _____

Daytime phone number: _____

Send transcript to: _____

(Number of copies
to this address _____)

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