



Academic Transcript Request Form

Any **NAME CHANGE** to be shown on your transcript since you last attended must have documentation (marriage license, correct social security card, divorce decree or court order).

HOW TO REQUEST AN ACADEMIC TRANSCRIPT

- Use one transcript request form for each address.
- Fax the completed transcript request form to the Registrar's Office at (518) 255-5333.

OR

Mail transcript request form to:
 Registrar's Office
 SUNY Cobleskill
 Knapp Hall, room 100/101
 Cobleskill, NY 12043

- Signature is **required**.
- Requests are usually processed within seven to ten business days. Transcripts are mailed, NOT faxed.
- 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 Signature: _____ ID/SSN: _____

Student Last Name _____ First Name _____

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

Currently attending (Circle one) YES NO If no, last semester or year attended: _____

Check if applicable:
 _____ Hold for grades at end of current semester
 _____ Hold for degree awarded status to be posted

Current Address: _____

Daytime phone number: _____

Send transcript to: _____

(Number of copies to this address _____)

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