Academic Transcript Request Form

Any NAME CHANGE to be shown on your transcript since you last attended must have documentation (marriage certificate, 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:
  SUNY Cobleskill
  Registrar’s Office
  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 Last Name: ____________________________  First Name: ____________________________

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

ID Number/SSN: ____________________________  Date of Birth: ____________________________

Student Signature: ______________________________

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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