



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 degree or court order).

HOW TO REQUEST AN ACADEMIC TRANSCRIPT

- Use one transcript request form for each address.
- Fax the completed transcript request form to (518) 255-5333.
OR
- Mail transcript request form to:
Registrar's Office
SUNY Cobleskill
Knapp Hall, room 100/101
Cobleskill, NY 12043
- There is a \$5.00 fee for each transcript request. If faxing, please contact the Office of Student Accounts at (518) 255-5539 to pay your transcript fee by phone. If making your request by mail, you may call Student Accounts or include a check or money order payable to SUNY Cobleskill.
- Signature is **required**.
- Requests are usually processed within seven to ten business days.
- Transcripts will not be issued if you have any outstanding obligations to the College.

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 _____)