

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 **OR** 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 postedCurrent Address: _____

Daytime phone number: _____

Send transcript to: _____
_____(Number of copies
to this address _____)**LIMIT of 5**