

## 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 you would like the transcript mailed to.
- 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
- Signature is **required**.
- Requests are usually processed within seven to ten 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.

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### 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 until grades are posted 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 \_\_\_\_\_)

**LIMIT of 5**