

Transcript Request Form

Please Print Clearly

Date	Last Name	First	Middle	Maiden/Former
Street Address		City	State	Zip Code
Email Address		Daytime Phone # () -	Date of Birth	SS# or Banner ID

If you are transferring to another SUNY School and you started here as a freshman in fall 2000 or after, or as a transfer student in fall 2002 or later, please check here: ***I need a General Education Supplement*** (GETA transcript)

Check Official or Unofficial <input type="checkbox"/> Official Transcript <input type="checkbox"/> Unofficial Transcript *Can't be sent to a 3rd Party.	Enter # of Transcripts # of Undergraduate ____ # of Graduate ____ ----- # of Undergraduate ____ # of Graduate ____ *Maximum of 2 Unofficial Transcripts.	Send Transcript(s): <input type="checkbox"/> Now <input type="checkbox"/> After final grades are posted for: ____/____ Semester Year <input type="checkbox"/> After degree is posted: ____/____ Month Year <input type="checkbox"/> After final grade is posted for: ____ Course Discipline Course Number
Degree(s) Earned (check all that apply) <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> BS <input type="checkbox"/> BSN <input type="checkbox"/> MA <input type="checkbox"/> MFA <input type="checkbox"/> MPA <input type="checkbox"/> MS <input type="checkbox"/> MSED <input type="checkbox"/> MSW <input type="checkbox"/> CAS	Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, last semester attended? <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter Year ____	

Your transcript request(s) will not be processed if you have a hold on your records.

PICKUP: ____/____
date time

MAIL TO EACH ADDRESS BELOW:

***TRANSCRIPTS CANNOT BE FAXED**
*Official Transcripts can't be done on the spot.

Enter complete name and address below for each transcript destination. For more than two, attach separate sheet.

1.	2.
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FORM OF PAYMENT: Official transcripts are \$5.00 each. Unofficial transcripts are free of charge.

Paying by check. \$____ enclosed. (Please make check payable to SUNY Brockport.)

Paying by credit card (required for faxed requests). VISA MasterCard Discover

Credit card # _____ Expiration date ____/____

Transcript requests will be processed within approximately 48 hours. Please allow four weeks at the end of a semester.

I agree to the release of my information as described above. Federal law prohibits the release of information without the student's signature. Please sign below.

STUDENT'S SIGNATURE

Office of Registration and Records
The College at Brockport
350 New Campus Drive
Brockport NY 14420-2966
Phone: (585) 395-2531 Fax: (585) 395-5392