

Transcript Request Form

Complete a separate request form for each address. Transcripts will not be sent for a student with outstanding debts. Transcripts from other colleges cannot be duplicated; contact those colleges directly. Requests will be honored as quickly as possible; during peak periods of registration there may be some delay. *Please use blue or black ink.*

Last Name, First Name _____

Previous Name _____

Street Address _____

SSN/CID _____

City, State, Zip code _____

Date of Birth _____

Phone # _____

Please check all that apply:

Status:

- Currently Matriculated
- Continuing Education
- Withdrawn
- Graduated from Purchase _____ (mo./year)

Transcript Type:

- Official to Institution
- Official sealed to student
- Unofficial Transcript

Attendance:

- Attended Purchase prior to Spring 1992
- Attended Purchase Spring 1992 & after

Handling Instructions:

- Send _____ copies to address indicated
- Send now
 - Wait for this semesters grade(s)
 - Wait for degree to be posted
- I have a deadline of: _____

| |
|---|
| <p>Mail to:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|

| | |
|----------------------------|-----------------|
| For Office Use Only | |
| Rec'd _____ | By _____ |
| Flag _____ | Date Sent _____ |

Signature: _____(required)