

**Office of the Registrar**  
735 Anderson Hill Road  
Purchase, NY 10577  
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(F) 914.251.6373  
(E) Registrar@purchase.edu  
www.purchase.edu/registrar

# 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 institutions cannot be duplicated; contact those institutions 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 or Student ID \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ (required)

**Please check all that apply:**

<b>Status:</b> <input type="checkbox"/> I'm currently enrolled in a degree program <input type="checkbox"/> I'm sending to another SUNY institution <input type="checkbox"/> I'm a Visiting Student <input type="checkbox"/> I'm Withdrawn <input type="checkbox"/> I graduated from Purchase in _____ <input type="checkbox"/> I studied abroad <input type="checkbox"/> I attended prior to Spring 1992	<b>Transcript Type:</b> <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> BOTH	
	<b>Handling Instructions:</b> No. of copies (up to 5): _____ Deadline: _____ <input type="checkbox"/> Send now <input type="checkbox"/> Wait for this semester's grade(s) <input type="checkbox"/> Wait for degree to be posted	<b>Transcript Type:</b> <input type="checkbox"/> Official to Institution <input type="checkbox"/> Official to Student <input type="checkbox"/> Unofficial Transcript

**Hold for pick-up**

Please note: Transcripts will be held for pick-up in the Registrar's Office for no more than four weeks.

**Mail to (full address required):**

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