

## TRANSCRIPT REQUEST FORM

## **Contact Information**

Office of the Registrar 735 Anderson Hill Road Purchase, NY 10577

<u>Phone</u>: 914.251.6361 <u>Fax</u>: 914.251.6373

<u>Email</u>: <u>Registrar@Purchase.edu</u>
<u>Web</u>: www.purchase.edu/registrar

## Instructions:

Complete a separate request form for each address. Transcripts <u>will not be sent</u> 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. *If filling this out on paper, please use blue or black ink.* 

Basic Information Last Name, First Name:		Previous Name:	
Street Address:			
City, State, Zip:		Date of Birth:	
Phone Number:		Email Address:	
Signature (required):			
Order Information - Che	eck All that Apply		
Transcript Level	Transcript Type	Student Status	Handling Instructions
☐ Undergraduate ☐ Graduate ☐ Both	☐ Official to Institution ☐ Official to Student ☐ Unofficial Transcript	☐ I'm currently enrolled in a degree program ☐ I'm sending to another SUNY institution ☐ I'm a Visiting Student ☐ I'm Withdrawn ☐ I graduated from Purchase in ☐ I studied abroad ☐ I attended prior to Spring 1992	☐ Send now ☐ Wait for this semester's grade(s) ☐ Wait for degree to be posted Number of copies (up to 5): ☐ Deadline (if applicable):
Delivery Method Transcripts cannot be emailed, n Hold for pick-up Please Note: Transcripts will be Mail to (full address requi	held for pick-up in the Registrar's	s Office for no more than <u>four we</u>	<u>eks</u> .