

Office of the Registrar
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Purchase, NY 10577
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Fax: 914.251.6373
Email: Registrar@Purchase.edu
Web: www.purchase.edu/registrar

TRANSCRIPT REQUEST FORM

Complete a separate request form for each address. Transcripts from other institutions cannot be duplicated; contact those institutions directly. Requests will be fulfilled within 5-7 business days. *Please use blue or black ink.*

Last Name, First Name _____ Previous Name _____

Street Address _____ Student ID _____

City, State, Zip _____ Date of Birth _____

Phone # _____ Email Address _____

Signature: _____ (required)

Please check all that apply:

Transcript Level: <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE <input type="checkbox"/> BOTH		
Status: <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 I'm Withdrawn 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	Handling Instructions: <input type="checkbox"/> Send now <input type="checkbox"/> Wait for this semester's grade(s) <input type="checkbox"/> Wait for degree to be posted No. of copies (up to 5): _____ Deadline: _____	Transcript Type: <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):
