

REQUEST FOR OFFICIAL TRANSCRIPT OF ACADEMIC RECORD

SUNY Ulster

Ulster County Community College
Stone Ridge, NY 12484

Office of the Registrar

845: 687-5075
fax# 845 687-5126

Student's Name:
Student's Current Address:

Today's Date: _____
When Do You Want the Transcript Sent? <input type="checkbox"/> Now OR <input type="checkbox"/> End of Semester:: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter Summer Session: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd
Are You Currently Enrolled At U.C.C.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No Maiden Name At College, If Applicable: _____

Is this address your: Legal Residence Mailing Temporary Residence
 Telephone () _____

E-Mail Address: _____

Please Fill in your Student ID or SS#										
Your Signature										

FOR OFFICE USE:	
<input type="checkbox"/> ID <input type="checkbox"/> No Holds Initials _____	<input type="checkbox"/> Processed Date _____

Print in the Area Below The Name and/or Office and Address Where You Want the Transcript Sent: (Be Sure To Include Zip Code)

1.	3.
2.	4.

Checklist: Please be sure to include:

- Sign the request
- Provide a complete address for the recipient
- Please include \$5.00 in the form of a check/MO or credit card information for a Master Card or Visa, for each transcript requested. Please make the check/MO payable to SUNY Ulster.

- A copy of picture ID
- Your e-mail and telephone # with your request

FYI We will no longer accept requests for unofficial transcripts over the phone

Print name as it appears on the credit card

VISA **MasterCard** **Discover**

Credit Card number _____ security code located on the back of your card _____ expiration date month and year _____