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:

Is this address your: Legal Residence ☐ Mailing ☐ Temporary Residence ☐

Telephone ( )_____

E-Mail Address:_____

Please Fill in your Student ID or SS#				-			-				
Your Signature											

Today's Date: _____

When Do You Want the Transcript Sent?

☐ Now

OR

☐ End of Semester:: ☐ Fall ☐ Spring ☐ Winter

Summer Session: ☐ 1st ☐ 2nd

Are You Currently Enrolled At U.C.C.C.?

☐ Yes ☐ No

Maiden Name At College, If Applicable:

FOR OFFICE USE:

☐ ID ☐ No Holds Initials _____

☐ 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. _____

_____

_____

# of copies_____

2. _____

_____

_____

# of copies_____

3. _____

_____

_____

# of copies_____

Checklist: Please be sure to include:

☐ There is an *$8 fee for each official transcript requested.

Provide a complete address for the recipient
Please include **the total amount,** in the form of a check or MO payable to SUNY Ulster. **We also accept** Master Card, Visa or Discover,

☐ A copy of a picture ID.

☐ Your e-mail and telephone # with your request.

☐ Sign the request.

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

*Transcript policy/fee subject to change without notice

_____

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

Revised 9/2011