

TRANSCRIPT REQUEST FORM

SOCIAL SECURITY #																			
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SEND TO:

SUNYIT
Office of Human Resources

THIS FORM WILL BE USED IN A WINDOW ENVELOPE.
YOU ARE RESPONSIBLE FOR CORRECT AND LEGIBLE ADDRESS.

1. Complete a separate request for each address.
2. Enclose \$5 for every copy requested.
3. Requests will not be processed unless all financial obligations to the college have been satisfied.
4. Allow five days for processing and postal delivery time.
5. Official transcripts issued to a student will be labeled "Issued to Student."

Signature: _____

TRANSCRIPTS WILL NOT BE RELEASED WITHOUT SIGNATURE.

YOUR NAME AND COMPLETE ADDRESS:

Phone No.: _____

REV: 1/02 - 2 Part



P.O. Box 3050 • Utica, NY 13504-3050
(315) 792-7262 • Fax: (315) 792-7802

TODAY'S DATE ___/___/___

- Official Transcript
 Unofficial Transcript

CHECK ONE BOX:

- Please **mail immediately**
 I will **pick up** the transcript
 Hold for current semester's grades
 Hold for degree to be posted

How many transcripts shall we send:

1

If you were last registered under a different name, indicate former name:

(Please Print)

DO NOT WRITE BELOW THIS AREA

Receipt #: _____

Remarks: _____

Transcript Mailed Initial

___/___/___ _____

Please make checks payable to SUNYIT: SUNYIT accepts Visa, Master Card and Discover.

Account # _____ Expiration Date _____

Mail completed form to:

Registrar's Office
SUNY Institute of Technology
P.O. Box 3050
Utica, NY 13504-3050