



SUNY Orange

Records & Registration
115 South Street
Middletown, NY 10940
Tel: 845-341-4155
Fax: 845-342-8662

Transcript Request Form

Print and complete form then mail or fax with the appropriate fee to Records & Registration.

Student Name	Date of Birth	Maiden (Former) Name:
Student's Current Address:	Student ID#: A _____ (OR) SSN ID#: _____ - _____ - _____	
City / State / Zip		
Signature:	Date:	Telephone Number:

Are you currently enrolled at SUNY Orange ☐ Yes ☐ No

If not currently enrolled please indicate approx. date of last attendance _____

TRANSCRIPT PROCESSING INSTRUCTIONS (CHECK ONLY ONE)

☐ NOW - Do **not** hold for grades or notation of degree

☐ Hold for current semester grades. (Check one) ___ Fall ___ Spring ___ Summer 1 ___ Summer 2

☐ Hold for notation of degree

PRINT BELOW THE NAME AND/OR OFFICE AND ADDRESS WHERE YOU WANT THE TRANSCRIPT SENT

➡ Number of Copies to be sent to the below address: _____ (Calculate fee of \$5.00 per copy)

Transcript Addressed to:

Office/Department:

Street Address

City / State / Zip

If paying by credit card please include the following:

☐ VISA ☐ Master Card ☐ Discover

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

***Billing information (if different from above)**

Street Address _____

City/State/Zip _____

Checklist: Please be sure to include:

- Sign the request
- Requester is responsible for complete and accurate address
- Please include \$5.00 in the form of a check/MO or credit card information for a Master Card or Visa, Discover for each transcript requested. Please make the check/MO payable to SUNY Orange
- Your Tel Number with your request
- If applying in person be sure to have picture ID
- Please be aware transcripts are processed in the order in which they are received and will take approximately 7-10 working days.

DO NOT WRITE BELOW THIS LINE* FOR OFFICE USE ONLY

Date Received:	Bursar Fee Paid _____ Initials _____ Date _____	Date Processed _____ Initials _____ Notes:
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