

Transcript Request Form

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

Student Name:	1e:			Maiden (Former) Name:	
Student's Current Address:		Student ID#: A			
City / State / Zip		SSN ID#:			
Signature:		Date:	Tele	ephone Number:	
Are you currently enrolled at SUNY Orange Yes					
□ NOW – Do <i>not</i> hold for grades or notation of degree					
☐ Hold for current semester		g Sur	nmer		
☐ 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		If paying by credit card please include the following: ☐ VISA ☐ Master Card ☐ Discover			
City / State / Zip			Name on Card:		
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 Master Card or Visa, Discover for each transcript requested. Please make the check/MO payable to SUNY Orange • Your Tel Number with your request		Credit Card I	Credit Card Number:		
		for a Expiration D	*Billing information (if different from above) Street Address		
		*Billir			
 If applying in person be sure to ha Please be aware transcripts are pro and will take approximately 7-10 v 	cessed in the order in which they are rec				
DO NOT WRITE BELOW THIS LINE* FOR OFFICE USE ONLY					
Date Received:	Bursar Fee Paid		Date Processe	ed	
	Initials		Initials		
	Date		Notes:		