



**SUNY Orange**  
**Registrar's Office**  
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 appropriate fee to Records & Registration

Student Name:	Date of Birth	Maiden (Former) Name:
Student's Current Address:	Student ID#: A _____  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 \_\_\_\_\_

**WHEN DO YOU WANT YOUR TRANSCRIPT TO BE SENT:** (Choose only one option per request)

NOW – Do **not** hold for grades or notation of degree

Hold for current semester grades. (Check one) \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 1 \_\_\_ Summer 2  
\_\_\_ Community College in High School

Hold for notation of degree. (Check one) \_\_\_ Dec. Graduate \_\_\_ Aug. Graduate \_\_\_ May Graduate

**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 **\$8.00** per copy)

Transcript Addressed to:

Office/Department:

Street Address

City/State/Zip

Checklist: Please be sure to include:

- Sign the request
- Requester is responsible for complete and accurate address
- Please include \$8.00 in the form of a check/MO or credit card information for a VISA, MasterCard, & Discover for each transcript requested. Please make the check/MO payable to SUNY Orange
- Your Telephone 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 business days.

If paying by credit card please include the following:

\_\_\_ VISA \_\_\_ MasterCard \_\_\_ Discover

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**\*Billing Information (ONLY if different from above)**

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**\*DO NOT WRITE BELOW THIS LINE — FOR OFFICE USE ONLY\***

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