

# REQUEST FOR OFFICIAL TRANSCRIPT

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**Phone:** \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 SSN OR  
 Student ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- Choose one option from the list below:
- Send immediately.
  - Send after incomplete grade is changed
  - Send when grades are available from previous semester (indicate below):
    - Fall       Spring       Summer

**PRINT your name, complete address and daytime phone number in the area above.**

*I authorize Columbia-Greene Community College to send my college transcript to the parties listed below.*

Student's  
 Signature: \_\_\_\_\_

For official copy PRINT the name & address of the recipient of the transcript in the block below. Be sure to include the appropriate office and/or individual the transcript must reach and indicate how many copies are needed.

RECIPIENT


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How Many?

RECIPIENT


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How Many?

RECIPIENT


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How Many?

\$5.00 per official transcript.  
 Mail transcript request or fax to 518-822-2015  
 If faxing request, please include credit card information. Otherwise you may pay by check or money order.

Maiden or other Name at CGCC:

FOR OFFICE USE ONLY  
 DO NOT WRITE BELOW THIS LINE

# OFFICIAL:  x \$ 5.00 EACH

AMOUNT DUE:

R/R INITIALS:

RECEIPT #:

DATE SENT:

*FOR OFFICE USE ONLY:*

