



TRANSCRIPT REQUEST FORM

Office of Records & Registration 4400 State Route 23 Hudson, NY 12534
Email: registration@sunycgcc.edu Phone: 518-828-4181 ext. 5514 Fax: 518-822-2015

Please PRINT or TYPE all fields clearly

Name (Last, First, MI): _____

Address: _____

Phone: _____ Email: _____

Student ID# or SSN: _____ Any previous names while at CGCC: _____

I am requesting: Official Transcript Total # copies: _____ Unofficial Transcript Total # copies: _____

Send Transcripts To: *please provide complete name and address for each recipient. If additional space is needed, please attach additional forms and sign. If recipient is a college, please indicate if SUNY or Non-SUNY.*

Recipient 1:

Recipient 2:

Recipient 3:

Send immediately Send when grades are available from semester indicated: Fall Spring Summer

We are unable to send transcript electronically. Please choose delivery method:

Postal Mail I will pick up at the office

I authorize the following person to pick up _____

Please note that you or authorized person MUST bring photo ID for us to release transcript.

Student Signature: _____ Date: _____

Signature authorizes CGCC to release your transcript to the parties listed on this form and is required for processing.

Please send completed form to the Office of Records & Registration. Contact information above.

Office Use Only, do not write below this section

Date Received: _____ Date Sent: _____ R/R Initials: _____

Notes: