

REQUEST FOR STUDENT COPY TRANSCRIPT

Name: _____
Address: _____

Phone: _____

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

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

No charge for unofficial transcripts.

Mail transcript request or fax to 518-822-2015.

Maiden or other Name at C-GCC: _____

I am requesting that Columbia-Greene Community College give/send me a student copy of my academic transcript. I understand it is "unofficial."

Student's Signature: _____

There is *no charge* for student copies of transcripts. If you wish to have an official copy of your transcript sent somewhere, please use form for request for official transcript. The fee for *official* transcripts is \$5.00 per copy.

How would you like to receive your unofficial transcript?

Check the appropriate box: Fax or Mail

If Fax,

Who is the fax going to? _____

The fax number is: _____

If Mail,

Provide mailing address in box below.

FOR OFFICE USE ONLY:

Rec/Reg Initials: _____

Given to Student

Faxed to Student

Mailed to Student

Date Sent: _____

RECIPIENT

How Many?