

REQUEST FOR OFFICIAL TRANSCRIPT

Name: _____

Address: _____

Phone: _____

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

How Many?

RECIPIENT

How Many?

RECIPIENT

How Many?

Date: _____ / _____ / _____

SSN OR

Student ID: _____ - _____ - _____

Choose one option from the list below:

- Send by mail.
Please allow approximately 7-10 business days for request to be processed.
- Hand carry a copy.
 Check here if delivering to a SUNY institution. Must present photo I.D.
- Send when grades are available from previous semester (indicate below):
 Fall Spring Summer

\$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:

