TRANSCRIPT REQUEST FORM

PLEASE PRINT

_____ _____

Last Name First Name MI Social Security Number

_____ _____

Married or Previous Name (if applicable) Date of Birth

_(_____)_____

Telephone number (to contact you if we have questions about your request)

Please Check: Send transcript _____ NOW or _____HOLD for end of current semester grades

Send Transcript To (include complete address):

_____

Name of Individual or Office

_____

Name of Institution

_____

Street Address

_____

City State Zip

_____ _____

Student Signature (authorizing release of transcript) Date

SEND WRITTEN REQUEST FOR TRANSCRIPT TO:
Office of the Registrar
Morrisville State College
PO Box 901
Morrisville, NY 13408

• Each student is entitled to one free copy of their transcript, each additional transcript ordered requires a $5.00 transcript fee
• Each transcript must be requested in writing either in person or by sending a written request (pursuant to regulations issued by the State University of New York and the Family Educational Rights and Privacy Act of 1974).
• All financial obligations to the college must be met and the $5.00 transcript fee must be paid at the time of the request. Payment can be made by personal check, money order or cash.
• Faxed requests are accepted, but prepayment of the fee is still required. Our Fax number is 315-684-6421. If requesting a transcript by fax you must make payment via credit card by calling the Student Accounts Office at 315-684-6069.
• Telephone or e-mail requests will not be accepted

Requests are generally processed within 48 working hours of receipt, except during the registration or final grading periods of each semester. We will fax transcripts for you, but please note that faxed transcripts are not considered official transcripts and may not be legible due to our use of safety paper.