



PLEASE PRINT

TRANSCRIPT REQUEST FORM

Last Name First Name MI Social Security Number

Married or Previous Name (if applicable) Date of Birth

Current address

_(_____) _____
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.