

1400 Washington Avenue  
Albany, NY 12222



# UNIVERSITY AT ALBANY

State University of New York

Office of the Registrar  
Campus Center B-52

www.albany.edu/registrar

(518) 442-5540  
FAX 442-5532

## Transcript Request Form

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_

All Previous or Maiden name (if any): \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_  
Month Day

SS# or Albany ID #: \_\_\_\_\_ Student's Phone #: (\_\_\_\_) \_\_\_\_\_

Student's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Degrees Earned: \_\_\_\_\_ Date Earned \_\_\_\_\_

Please check here if you attended prior to 1987

If you studied abroad through the University, please indicate the year and country: \_\_\_\_\_

Please indicate below where you would like the transcript(s) sent:

- You are responsible for the correct and legible address (please print)
- The Registrar's Office cannot fax transcripts and does not issue unofficial transcripts

1. \_\_\_\_\_

2. \_\_\_\_\_

Number of Transcript Copies: \_\_\_\_\_

Number of Transcript Copies: \_\_\_\_\_

Attachment (Specify the document you wish to include with your transcript) \_\_\_\_\_

Sealed (All transcripts issued to students are sealed)

Check if you are transferring to another SUNY school

Pick Up (No address listed above)

Send to my home address listed above

Attachment: (Specify the document you wish to include with your transcript) \_\_\_\_\_

Sealed (All transcripts issued to students are sealed)

Check if you are transferring to another SUNY school

Pick Up (No address listed above)

Send to my home address listed above

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Transcripts will not be issued without the student's signature.*

**Form of payment** (Please fill this out for fax or mail requests)

**Cost:** \$5.00 per transcript

▪ **Check:** (Please make check payable to the University at Albany) \_\_\_\_\_ amount enclosed

▪ **Credit Card:**  Visa  Master Card  Discover Credit Card# \_\_\_\_\_ Exp. date \_\_\_\_\_

I \_\_\_\_\_ authorize UAlbany to charge my account above in the amount of \$ \_\_\_\_\_

Cardholder's Signature