

North Campus
6205 Main Street
Williamsville, NY 14221-7095
716-851-1466

South Campus
4041 Southwestern Blvd.
Orchard Park, NY 14127-2199
716-851-1666

City Campus
121 Ellicott Street
Buffalo, NY 14203-2698
716-851-1166

REQUEST FOR TRANSCRIPT

Entire form must be completed in order to process request

NAME _____ DATE _____

If attended under another name, print name _____

ADDRESS _____ PHONE _____

_____ SOC.SEC. # / ID # _____

☐ If you attended before 1987 (check box), Year(s) Attended: _____

CAMPUS: _____ City _____ North _____ South

CHECK IF TRANSCRIPT IS TO BE:

_____ Held for Final Grades for Current Semester _____

_____ Held for Change of Grade (Course _____ Grade _____)

_____ Held for Graduation/Degree

_____ Sent Now

TYPE OF TRANSCRIPT:

_____ Official Copy

_____ Student Copy

FORWARD TRANSCRIPT TO: (Use complete address, including zip code, & name of person/department)

1. _____

2. _____

IMPORTANT INFORMATION

- Official transcripts are not issued to students.
- There is no charge for student or counseling copies issued by the Registrar's Office
- Official copies are \$5.00; Faxed copies are \$10.00.
- No transcripts are issued for students who have outstanding obligations to the college.
- Allow two weeks for processing, longer during peak periods.

FOR OFFICE USE ONLY:

STUDENT ID

PERC

G.E.T.A.

OTHER

STUDENT SIGNATURE _____

**FOR OFFICE
USE ONLY:**

Transcript Fee _____

Received By _____

Date transcript was sent _____

WHITE - Registrar

YELLOW - Student

form.transreq.frm