

# Request for Transcript

Office of the Registrar  
The State University of New York College at Potsdam  
Potsdam, NY 13676-2292  
Phone: 315-267-2154 ~ Fax: 315-267-2157  
**\*A TRANSCRIPT FEE IS NOT REQUIRED\***

## PRINT YOUR FULL NAME AND ADDRESS

NAME ~ Current name and all previous names (if any) to help us locate your records.		
ADDRESS ~ Street:		
City:	State:	Zip:
Phone Number:	Email Address:	

Signature **REQUIRED**: \_\_\_\_\_ Date: \_\_\_\_\_

US Social Security or P# **REQUIRED**: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

**When do you want the transcript(s) to be sent? (NOTE: We do not fax transcripts.) Please select one or more of the following 3 choices:**

- 1.) Send now       2.) Send at the end of this current semester   
3.) Send when SUNY Potsdam Degree is awarded

**Anticipated date of degree completion (if not yet awarded):** \_\_\_\_\_  
(Month/Year)

**How many copies of the transcript would you like sent to the address below:** \_\_\_\_\_

Is the transcript(s) being sent to another SUNY, CUNY or Community College in New York? Yes or No  
(Please circle)

**PRINT** the exact name and address (including office and zip code) of where you want the transcript to be sent. If you are requesting a copy for yourself, write "same as above" here:


**You can call our office at 315-267-2154 to confirm receipt of your faxed request.**