REQUEST FOR TRANSCRIPT
Office of the Registrar, The State University of New York at Potsdam
44 Pierrepont Avenue Potsdam, NY 13676-2292
Phone (315) 267-2154 Fax (315) 267-2157 Email: transcripts@potsdam.edu
NO COVER PAGE OR TRANSCRIPT FEE REQUIRED

CURRENT INFORMATION:
Name: (First, Middle Initial, Last): __________________________________________________________
All other last names (such as maiden): ______________________________________________________
Street address: __________________________________________________________________________
City: __________________________ State: ________________ Zip code: ____________________________
Phone number: ______________________ Email address: ______________________________________

REQUIRED: Legal/hand-written signature: __________________________ Date: ____________________

REQUIRED: P# or SS# (or DOB if international student): ________________________________________

Dates of attendance (ex: 2001-2005): ______________________________________________________

Mail transcript(s): (can select more than one option)
☐ SEND NOW  ☐ SEND AT END OF THE CURRENT SEMESTER
☐ SEND ONCE MY SUNY POTSDAM DEGREE IS AWARDED
   Anticipated graduation date (month & year): __________________________

Number of transcripts requested? ______________
Is the transcript being mailed to a SUNY, CUNY, OR COMMUNITY COLLEGE IN NEW YORK?  YES  NO
If yes, how many? ______________

PRINT the complete address where transcript(s) should be mailed below. If sending to multiple addresses,
please attach a separate page with your name and P#, along with other addresses to transcript request. If
mailing to yourself, please write “same as above” below. Please be sure your current address is on this form.
Official transcripts cannot be faxed or emailed.

____________________________________________________________________________________
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You can call our office at (315) 267-2154 to confirm receipt of your faxed request. If sent by email we will reply by email.