

Office of the Registrar 4380 Main St. Amherst, NY 14226

COMPLETED BY

DATE COMPLETED

PLEASE PRINT CLEARLY.	SIN, SS#, OR ID#					
Your Name:						
Last	First	Mic	ddle			
Present Address:Number and Street		G				
Number and Street	Apt # City	State	Zip			
E-Mail Address:	Phone Number:	/				
		(HOME) (CE	ELL)			
Dates of Attendance: If you	ı attandad undar anothar nama ınlası	se indicate:				
Dates of Attendance If you	attended under another name, pieas	se murcate				
TYPE OF TRANSCRIPT REQUESTED): Please check one:					
_						
 □ OFFICIAL TRANSCRIPT – to be sent directly to an institution or place of business. □ SEALED OFFICIAL TRANSCRIPT – to be sent to the student in a sealed envelope. 						
	•	e.				
☐ UNOFFICIAL TRANSCRIPT – for persona	al use.					
CURRENT STUDENTS ONLY: Check h	ere if transcript is to be held for any of	the following:				
	ere if transcript is to be field for any of	the following.				
☐ Hold for current semester grades						
☐ Hold for change of grade in						
☐ Hold for degree conferral						
PAYMENT IS DUE AT THE TIME OF REQUENCE not been met. Transcripts will be released in Registrar's Office. However, allow a longer proceed checked above. Number of copies to be sent to this address: Please forward transcript to: (PLEASE PRINT, USE	approximately 3 to 5 business days from essing time during peak periods and if trans	the time the request is received in l	Daemen's			
STUDENT'S SIGNATURE						
(TRANSCRIPT CANNOT BE RELEASED WITHOUT YO	OUR SIGNATURE.)	Date				
REGISTRATION OFFICE USE ONLY	S	STUDENT ACCOUNTS OFFICE I	USE ONLY			

COMPLETED BY

DATE COMPLETED

Payment Information							
Please choose one: Cash	Check/Money Order	Credit Card					
Amount	Check or Money Order Number						
Name on card							
Billing Address							
of Card holder	Number and Street C	City	State	Zip			
Credit Card Number		Expiration Date					
Security Code (3 digit number on back of card)							
WE ACCEPT VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS							