

St. Thomas Aquinas College  
Transcript Request Form

Directions:

A separate transcript request form must be used for each recipient.

Transcripts must be either mailed or received in person - we can not fax or email transcripts.

**Requests must be made in writing. Federal regulations prohibit processing of transcripts without a written request.**

State quantity and the exact mailing address where you want each transcript sent (full name, titles, office, zip code, etc.) Indicate if the request is for a student or official copy.

Enclose \$5.00 per transcript requested (checks should be made out to St. Thomas Aquinas College. No cash.

We are unable to release transcripts without your signature.

A transcript will not be released if you have indebtedness to the College

Date: \_\_\_\_\_

Social Security/ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Name while attending STAC: \_\_\_\_\_

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

Date of graduation: \_\_\_\_\_

Are you currently enrolled at STAC? YES \_\_\_\_\_

NO \_\_\_\_\_

Do you want your transcript held for end of semester grades? YES \_\_\_\_\_

NO \_\_\_\_\_

Signature: \_\_\_\_\_

**Transcripts CAN NOT be released without your signature.**

Number of student copies needed: (\$5.00 per copy): \_\_\_\_\_

Number of official copies requested (\$5.00 per copy): \_\_\_\_\_

TRANSCRIPT RECIPIENT ADDRESS: (Note : Window envelopes are used. You are responsible for the address.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send payment and transcript request to:**

Office of the Registrar  
Transcript Division  
St. Thomas Aquinas College  
125 Route 340  
Sparkill, NY 10976-1050

OFFICE USE ONLY:

Date received: \_\_\_\_\_

Transcript sent: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Amount due: \_\_\_\_\_