

# 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\***

## WRITE YOUR FULL NAME AND ADDRESS

|  |        |                              |         |
|--|--------|------------------------------|---------|
| NAME ~ Current name: (First, Middle Initial, Last) |        | Other Last name(s) (if any): |         |
| ADDRESS ~ Street:                                  |        |                              |         |
| City:  | State: | Zip:                         | Country |
| Phone Number:                                      |        | Email Address:               |         |

**REQUIRED** – Written Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

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 one)

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

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