

Farmingdale State College

Transcript Request – Student Copy

Your request must contain all information and signature.

[please print]

Name _____ Maiden Name (if applicable) _____

Student ID/RAM Number _____ Birth Date _____

Dates of Enrollment _____

Current Mailing Address: (we will mail your transcript to the address listed below)

() check here if this is a new address from the one
on file

Telephone No. _____

I authorize Farmingdale State College to release my unofficial transcripts to the address listed above.

Signature

Date

**Submit request to Farmingdale State College, Office of the Registrar,
2350 Broadhollow Road, Laffin Hall, Room 225, Farmingdale NY 11735-1021 via mail or
in-person; you may also use the after-hours drop box adjacent to the office entrance.
If you wish to fax your request, you may do so at 631-420-2275.**

**Thank you for your cooperation. Questions may be directed to the Office of the Registrar,
telephone 631-420-2776, or regoffice@farmingdale.edu.**