TRANSCRIPTS

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To request a transcript, send this form with $5 per copy, cash, check or money order (payable to SUNY/New Paltz) to the above address. Generally allow 8-10 business days (from time it arrives in our office) for processing. If deadline indicated every effort will be made to honor it. No request can be honored for a person whose account with the college is not cleared.

Print your name and address here:

_____
LAST NAME *FIRST* *MI*

_____
ADDRESS

_____
CITY *STATE* *ZIP*

Send _____ copies (@ $5 per copy) Phone #: _____

Check one only:

☐ Undergraduate only ☐ Graduate only ☐ Undergraduate and graduate

OFFICE USE ONLY: _____ _____
Date Received Fee Paid

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Send transcript to:

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PERSON or OFFICE and COLLEGE or COMPANY

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ADDRESS

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CITY *STATE* *ZIP*

This form will be used in a window envelope. PRINT CLEARLY

Social Security Number

Date of Birth _____

Please indicate any previous name(s).

_____

Attended New Paltz
Dates: _____ to _____

Attended Overseas program?
Dates: _____ to _____

Check only if one of the following applies:

☐ Mail after my grades for (circle one) Fall Spring Summer I Summer II are recorded

☐ Mail before deadline of _____

☐ Mail after graduation is posted on record.

_____
Signature *(required)*

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