



# TRANSCRIPT REQUEST FORM

**Send to:** Office of the Registrar  
SUNY College at Oneonta  
Attn: Transcripts  
108 Ravine Parkway  
Oneonta, NY 13820-4015  
Phone: (607) 436-2531  
Fax: (607) 436-2164

**For office use only:**  
Sent: \_\_\_\_\_  
\_\_\_\_\_  
Holds: \_\_\_\_\_  
\_\_\_\_\_

Rev. 3/11

Student Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Oneonta ID#/Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Level of Coursework:  Undergraduate  Graduate  SUNY Overseas

**Note:** All levels of Oneonta coursework will be sent as one record.

Oneonta degree(s) and date(s) awarded: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Please mail:  As soon as possible  After degree is posted  After current term grades

**Please note: Overnight Delivery option is available ONLY online at:**

<https://suny.oneonta.edu/office-registrar/requesting-transcript>

## NAME OF RECIPIENT(S) AND MAILING ADDRESS(ES)

*You are responsible for the correct, complete, and legible address. Maximum 10 total copies per request form.*

### Recipient #1

Name/School: \_\_\_\_\_

Company/Office: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

### Recipient #2

Name/School: \_\_\_\_\_

Company/Office: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

If you have additional recipients, please attach a separate sheet listing addresses.

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

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

Request cannot be processed without your signature.