



North Campus
6205 Main Street
Williamsville, NY 14221-7095
716-851-1466
Fax: 851-1235

South Campus
4041 Southwestern Blvd.
Orchard Park, NY 14127-2199
716-851-1666
Fax: 851-1670

City Campus
121 Ellicott Street
Buffalo, NY 14203-2698
716-851-1166
Fax: 851-1170

REQUEST FOR TRANSCRIPT

Entire form must be completed in order to process request

NAME _____ DATE _____

If attended under another name, print name _____

ADDRESS _____
Street City State Zip

PHONE _____ SOC.SEC. # / ID # _____

If you attended before 1987 (check box), Year(s) Attended: _____

CAMPUS: _____ City _____ North _____ South

CHECK IF TRANSCRIPT IS TO BE:

- _____ Held for Final Grades for Current Semester _____
- _____ Held for Change of Grade (Course _____ Grade _____)
- _____ Held for Graduation/Degree
- _____ Sent Now

HIGH SCHOOL STUDENTS: Check box if courses were taken as Advanced Studies

TYPE OF TRANSCRIPT:

_____ Official Copy _____ Student Copy _____ Un-Official Faxed Copy
Receipt# _____ Amt Pd _____

FORWARD TRANSCRIPT TO: (Use complete address, including zip code, & name of person/department)

1. _____

2. _____

*****IMPORTANT INFORMATION*****

- Official copies or faxed un-official copies are \$5.00 each. (Bursar: 716-851-1888)
- There is no charge for student or counseling copies issued by the Registrar's Office
- No transcripts are issued for students who have outstanding obligations to the college.
- Official transcripts are not issued to students.
- Allow two days for processing, longer during peak periods.

FOR OFFICE USE ONLY:
STUDENT ID
PERC
G.E.T.A.
OTHER

STUDENT SIGNATURE _____

FOR OFFICE
USE ONLY:

Transcript Fee _____ Received By _____
Date transcript was sent _____