

SUNY OSWEGO TRANSCRIPT REQUEST FORM

- Any **NAME CHANGE** to be shown on your transcript since you last attended **must have documentation** (Marriage license, correct social security card, divorce decree or court order)

HOW TO REQUEST A TRANSCRIPT

- Use one transcript request form for each address
- Mail or fax transcript request form to SUNY Oswego
- Include the \$5.00 fee for each transcript request.
(includes both undergraduate and graduate coursework)
- **Signature required**
- Requests are usually processed within 1-2 business days upon arrival
- Transcripts will not be mailed if you have any outstanding obligations to the college.

PLEASE PRINT

Student Last Name _____ First _____

Student Signature _____ SSN# _____

Former Name(s): _____

(maiden, marriages necessary to locate your record)

Currently attending YES or NO (circle) (if no) Last semester or year attended: _____

_____ **Hold for current semester grades**

_____ **Hold for degree to be posted** (check one if applicable)

Current Address: _____ Daytime phone: _____

SEND TRANSCRIPT TO: _____

(Number of copies _____
to this address _____)

INSTRUCTIONS FOR MAILING

Make check payable to: SUNY Oswego

Mail to: SUNY OSWEGO
Transcript Office/Registrar's
301 Culkin Hall
Oswego, NY 13126

TRANSCRIPT INFORMATION LINE (315) 312-2171
TRANSCRIPT QUESTIONS (315) 312-2136

INSTRUCTIONS FOR FAXING PAYMENT BY CREDIT CARD

AMEX VISA MasterCard Discover (circle)

Credit card # _____

Expiration date: _____

3 digit code (back of card) _____

Daytime phone: _____

Signature: _____

FAX FORM TO: (315) 312-3167