SUNY COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY
TRANSCRIPT REQUEST FORM

Last name _____ First name _____ M.I. ____

Former name _____

Social security number _____ Dates attended _____ Year graduated _____

_____Number of copies

_____ Mail transcript immediately

_____ Hold for semester grades to be posted

_____ Hold until degree is posted

Current Name, Address and Phone: Mail Transcript To:

Signature _____ Date _____

WE NEED YOUR SIGNATURE IN ORDER TO PROCESS YOUR TRANSCRIPT REQUEST.

Please either mail your request to:

Registrar's Office - 111 Bray Hall
SUNY ESF
1 Forestry Drive
Syracuse, New York 13210

Or……. Fax your request to Registrar's Office at (315) 470-6656

Thank you.