TRANSCRIPT REQUEST FORM

Please print legibly:

Last name ___________________________ First name ___________________________ M.I. ____________

Former name (if applicable) ___________________________ Phone # in order for us to contact you if necessary

Social Security Number ___________________________ Dates attended ESF ___________________________ Year graduated ___________________________ Date of Birth ___________________________

Number of copies

Mail transcript immediately

Hold for semester grades to be posted

Hold until degree is posted

Mail Transcript to: (please provide complete name & address)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Handwritten Signature (required) ___________________________ Date ___________________________

Please 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

Or…… Scan and email this form with your signature to registrar@esf.edu

If you would like an unofficial transcript faxed to you, please check here □ and provide a fax number along with your signature above. FAX# ___________________________

PLEASE NOTE: WE DO NOT E-MAIL SCANNED ELECTRONIC COPIES OF TRANSCRIPTS.