Please print legibly:

Last name ___________________________ First name ___________________________ M.I.

Former name (if applicable) _______________ Phone # in order for us to contact ______

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.