

REQUEST FOR TRANSCRIPT

Student Name (**PRINT**): _____

Former Name(s) (if applicable): _____

Student ID: _____

Attended from: _____ to _____ Graduated? ☐ YES ☐ NO

Major: _____ Degree: _____

Phone Number: (_____) _____ - _____

Email Address (Print Clearly) : _____

Contact Information: _____

Street Address, APT

City State Zip/Postal Code Country

D'Youville College
Return to Registrar's Office or Fax to 716-829-7622
320 Porter Avenue
Buffalo, NY 14201
716-829-8347

☐ Current address, make this my permanent address.

Request Processing	
<input type="checkbox"/> At once	
<input type="checkbox"/> Hold for final grades	
<input type="checkbox"/> After degree is confirmed and recorded on transcript.	
<input type="checkbox"/> Fax Unofficial Transcript: Fax (unofficial): (_____) _____ - _____ Fax (unofficial): (_____) _____ - _____	
<input type="checkbox"/> Pick-up _____ transcript(s). You will be contacted at the phone number above when they are ready.	
<input type="checkbox"/> Send _____ transcript(s) to me at the above address for my own personal use.	
<input type="checkbox"/> Send _____ transcript(s) directly to a third party at addresses listed below:	
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
City/State/Zip: _____	City/State/Zip: _____

There is a \$5 charge per transcript and a \$30 charge to have a transcript sent by Federal Express

I authorize the release of my academic transcript as indicated by the instructions noted on this form:

Student **Signature**: Date: _____