

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

- At once
 Hold for final grades
 After degree is confirmed and recorded on transcript.
 Fax Unofficial Transcript: Fax (unofficial): (_____) _____ - _____ Fax (unofficial): (_____) _____ - _____

- Pick-up _____ transcript(s). You will be contacted at the phone number above when they are ready.
 Send _____ transcript(s) to me at the above address for my own personal use.
 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: _____