

## TRANSCRIPT REQUEST FORM

For more information visit [www.sunyacc.edu/transcript](http://www.sunyacc.edu/transcript)  
*Separate request forms are required for each transcript being requested.*

Type of Request:  Transcript Only     Immunization Record Only     Transcript AND Immunization Record

Student Name (Please print): \_\_\_\_\_

Maiden/former name if applicable: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Banner ID: 500 \_\_\_\_\_ OR Social Security: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street Address City State Zip

Please print the mailing address for the transcript:

\_\_\_\_\_  
College, Dept., Person or Employer

\_\_\_\_\_  
Street Address City State Zip

Are you a graduate of SUNY Adirondack? (✓One) \_\_\_ Yes \_\_\_ No If Yes, Graduation Year: \_\_\_\_\_

Are you currently enrolled at SUNY Adirondack? (✓One) \_\_\_ Yes \_\_\_ No If No, last date of enrollment: \_\_\_\_\_

When do you want the transcript to be sent? (✓One)

\_\_\_\_ Now (ATTN: If it is prior to grade posting, transcript may not include final grades) \_\_\_\_\_ After Degree Posted

\_\_\_\_ End of Semester with Final Grades (✓One) \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer

**Transcript Fee Payment:**     Transcript Fee: \$7.00     Transcript Fee for Same Day Service: \$15

**Payment Method:** (Transcript Request will be processed once payment is received by the College. This may result in a delay of about one week)

Payment made in person at Student Accounts (Receipt attached)

Check enclosed (Make checks payable to SUNY Adirondack)

Paying by Credit Card with NELNET. NELNET Agreement Number: \_\_\_\_\_

**Submitting Completed Form:** You can mail, fax or email your completed transcript request form to the Office of the Registrar via any of the three options below. Incomplete forms will be sent back to the student.

**Mail:**

**Fax:** 518-832-7601

**Email:** transcripts@sunyacc.edu

SUNY Adirondack  
Office of the Registrar  
640 Bay Road  
Queensbury, NY 12804

For Registrar's Office Use ONLY

Initials: \_\_\_\_\_

Date Processed: \_\_\_\_\_