



TRANSCRIPT REQUEST FORM

Print and Mail or Print and Fax to 518-832-7601

SUNY Adirondack
Business Office
640 Bay Road
Queensbury, NY 12804

Name (Please print):
Maiden/former name if applicable:
Banner ID or Social Security #:
Your Address:
Date of Birth:
Daytime Phone:

Please print the mailing address for each transcript:

College, Dept., Person or Employer
Street Address
City, State, Zip

Student's Signature:

When do you want the transcript to be sent? (please check one)
Now
After degree posted
End of semester - Check one
Fall Winter Spring Summer Session

Are you a graduate of SUNY Adirondack? (please check one) Yes No If Yes, Graduation Year:

Are you currently enrolled at SUNY Adirondack? (please check one) Yes No If No, last date of enrollment:

Transcript Fee: \$7.00
Transcript Fee-Same Day Service: \$15
Check enclosed (Make checks payable to ACC)
Paying by Credit Card with NELNET Fax

If you wish to pay for your transcript request by using Visa, Master Card, Discover or American Express Card, please go to www.sunyacc.edu/ecashier or select e-cashier on the SUNY Adirondack home page. Be sure to have the following information:

- Nine-digit student ID number;
• The name, address, and e-mail address of the person responsible for making the payments;
• The credit card number and expiration date

Full payments are charged to the account provided on the agreement immediately. A \$1.00 non-refundable fee will be assessed for this service. If the payment fails for any reason, the agreement is terminated and notification is sent to the person responsible for payment.

To protect your privacy, you will need to create your own unique NELNET Access Code. Please be sure it is something you can easily remember.

\* Transcript Request will be processed once payment is received by the College.