

5200 South Park Avenue, Hamburg, NY 14075 Phone: 716-649-7900, ext. 342

Fax: 716-649-1152

Official transcripts cost \$5.00 each. You may mail or fax this request to our address or fax number above. Allow three to five business days for processing. However, allow a longer processing time during peak periods. **IMPORTANT: Transcripts will only be released if there are no holds on your student record.**

| | | Soc | Social Security Number | |
|---|-------------------------------|------------------------|--------------------------|----------------|
| Last Name | First Name | MI | Former/Maide | n Name |
| Street Address | | | | |
| City | State | Zip | Phone Number | |
| Type of Transcript Requ | | 1 | | |
| []Official [] Uno | fficial/Faxed Copi | _ | | |
| Nleave Cofficial Tax | | [] Fax unofficial cop | y to: | |
| Number of Official Transcript Copies: | | [] I will hand carry | 1 1 . | |
| X \$5.00 each | 1 = | [] MAIL to the addre | | |
| | | (complete a separate | e form for each address | 5) |
| Check any that apply: | | | | |
| [] Please Send My Tran | iscript Now | | | _ |
| [] Hold for Grades | | | | |
| [] Hold for Degree Con | terral | | | |
| | | | | |
| PAYMENT INFORMATION [] Cash [] Checons Credit Card #: | DN ck or Money Orde | er []Credit | Card (Discover, Master (| Card, or Visa) |
| Exp. Date: / | | Security Code: | (last 3 #'s on ba | ack of card) |
| Name of Cardholder: | | | | |
| | | | | |
| Billing Address of Cardholders | : | | | |
| | Street Addr | ess | City, State Zip | |
| | | | | |
| | | | | |
| STUDENT'S SIGNATURE: | <u> </u> | | | |
| | | Your signature is r | equired to release tran | scripts |
| | | | | |
| Student Records Office | Use Only: | | | |
| Amount Paid: | | Date Mailed: | | |
| [] Cash [] Ched | ck | [] Credit Card | [] No Charge | |