

# Alfred University

## REQUEST FOR OFFICIAL TRANSCRIPT

Student Service Center (607) 871-2123  
 Alfred University (607) 871-2347 (fax)  
 One Saxon Drive  
 Alfred, NY 14802-1205 E-mail REGISTRAR@alfred.edu

Student name (last, first, middle, former)			
Student address (street, city, state, zip code)			
Student ID number	Social Security number	Date of birth (mm/dd/yy)	Daytime phone number ( )
Currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate dates of attendance	AU College/School enrolled/attended	
Please hold my transcript: <input type="checkbox"/> Until grades for the current term are posted <input type="checkbox"/> Until my degree is conferred in _____ (MM/YY) <input type="checkbox"/> Other _____			
Will you be forwarding your transcript to another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No Our office will sign and seal the mailing envelope. <b>Please do not open it.</b>		Do you want us to fax the transcript? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fax number: ( ) To the attention of :	
<b>STUDENT SIGNATURE</b>			<b>Date</b>

In the box below **print plainly** the name and complete mailing address where you want the transcript(s) sent.

	<b>Number of copies to this address:</b> _____

**Directions/Information:**

- To ensure prompt processing, provide all information requested.
- Fill out one transcript request for each address to which you are sending the transcript(s), or attach a separate sheet listing additional addresses.
- Your signature is required to release your student record
- Transcripts are not sent if you have any financial obligations to the University.
- Please allow 2 to 3 working days to process your request (up to one week during the first and last two weeks of each semester)

**OFFICE USE ONLY**

Record source	Processed by	Date transcript mailed or faxed	Comments/Notes