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City Campus 121 Ellicott Street Buffalo, NY 14203-2698 716-851-1166 Fax: 851-1170

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NAME WHILE ENROLLED	PHONE
ADDRESSStreet City	
EMAIL City EMAIL ID # / SS#	State Zip Date of Birth
EMAIL ID # / SS# DATES OF ATTENANCE	
CHECK IF TRANSCRIPT IS TO BE:	
Held for Final Grades for Current Semester Held for Change of Grade (Course Course)	
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HIGH SCHOOL STUDENTS: Check box if courses were tal	ten as Advanced Studies
Official CopyStudent Copy FORWARD TRANSCRIPT TO: (Use complete address, including zip o 1	code, & name of person/department)
2.	
STUDENT SIGNATURE	
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IMPORTANT INFORMATION	STUDENT ID
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