



North Campus  
6205 Main Street  
Williamsville, NY 14221-7095  
716-851-1466  
Fax: 851-1235

South Campus  
4041 Southwestern Blvd.  
Orchard Park, NY 14127-2199  
716-851-1666  
Fax: 851-1670

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

### REQUEST FOR TRANSCRIPT

Entire form must be completed in order to process request

CURRENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME WHILE ENROLLED \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
ID # / SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Approximate Year(s) Attended: \_\_\_\_\_  If you attended before 1987 (check box)

CAMPUS: \_\_\_\_\_ City \_\_\_\_\_ North \_\_\_\_\_ South \_\_\_\_\_

**CHECK IF TRANSCRIPT IS TO BE:**

- \_\_\_\_\_ Held for Final Grades for Current Semester \_\_\_\_\_
- \_\_\_\_\_ Held for Change of Grade (Course \_\_\_\_\_ Grade \_\_\_\_\_)
- \_\_\_\_\_ Held for Graduation/Degree
- \_\_\_\_\_ Sent Now

HIGH SCHOOL STUDENTS: Check box if courses were taken as Advanced Studies

**TYPE OF TRANSCRIPT: (Electronic transcripts must be requested online through Parchment)**

\_\_\_\_\_ Official Copy \_\_\_\_\_ Student Copy

**FORWARD TRANSCRIPT TO: (Use complete address, including zip code, & name of person/department)**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

**\*\*\*IMPORTANT INFORMATION\*\*\***

- Official copies are \$5.00 each. (Bursar: 716-851-1888)
- There is no charge for student or counseling copies issued by the Registrar's Office
- Allow two days for processing, longer during peak periods.

FOR OFFICE USE ONLY:
STUDENT ID
HOLDS
G.E.T.A.
OTHER

FOR OFFICE  
USE ONLY:

Transcript Fee \_\_\_\_\_ Received By \_\_\_\_\_  
Date transcript was sent \_\_\_\_\_