

ERIE COMMUNITY COLLEGE

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

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

If attended under another name, print name \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ SOC.SEC. # / ID # \_\_\_\_\_

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

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:**

\_\_\_ Official Copy

\_\_\_ Student Copy

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

For requests by Fax: Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_

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

- Official transcripts are not issued to students.
- There is no charge for student or counseling copies issued by the Registrar's Office
- Official copies or faxed un-official copies are \$5.00 each. (Bursar: 716-851-1888)
- No transcripts are issued for students who have outstanding obligations to the college.
- Allow two days for processing, longer during peak periods.

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

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

**FOR OFFICE  
USE ONLY:**

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