

Submission: Submit this form to the Registrar's Office in-person with picture ID, by mail to SUNY Schenectady County Community, Attn: Registrar's Office, 78 Washington Avenue, Schenectady, NY 12305. Transcripts can also be printed and provided to a student in-person during regular business hours (photo ID is required). By federal law, e-mailed requests cannot be considered as consent for release of transcript information.

Processing: All requests are processed within 3 to 5 business days unless same day processing has been requested. **Transcripts cannot be released without student signature.** Any incomplete requests or those that cannot be processed due to outstanding financial obligations will be destroyed. The Registrar's Office does not issue unofficial transcripts. You may access an unofficial transcript through your Records and Registration account. The Registrar's Office cannot fax transcripts to a recipient. Currently, we do not issue electronic transcripts.

Fees: Fees for transcript requests vary depending on the processing time requested and the venue in which the request is received. Additional fees may be added if special handling is requested.

Please select method of processing and any special handling requests. Special handling fees are charged in addition to the transcript request fee:

Processing Request		
	2-3 Day Processing	\$10.00
	Same Day Processing	\$12.00

Special Handling Request		
	2-3 Day Priority Shipping	\$15.00
	Overnight Delivery	\$25.00
	Apostille/Authentication of Transcript	\$10.00

Office Use Only:
Amt:
Tender: CK CASH CC
Initials:

Please complete the following information [Please Print]:

Today's Date: _____

Name: _____

SUNY SCCC ID# or SS# _____

Any previous names: _____

Date of Birth: _____

Permanent Address: _____

Email Address

Is this a change of name* or address? Yes No
Name changes must be accompanied by a social security card. Your name on file with the College must match your name as filed with the Social Security Administration Those not eligible for a social security number must provide other legal documentation.

Phone: (_____) _____

Did you attend prior to 1985? Yes No

Please send my Schenectady County Community College transcript to the following address(es):

Request #1: _____

Request #2: _____

Office (if different than Admissions)

Office (if different than Admissions)

Name of College or Business

Name of College or Business

Street Address

Street Address

City, State, Zip

City, State, Zip

Transcript(s) will be sent immediately unless otherwise indicated below:

send transcript after degree/certificate is posted: expected completion date _____

send transcript after final grades are processed for the _____ semester

STUDENT SIGNATURE _____

Transcripts cannot be released without student signature.

Office Use Only:

Processed:

Mode:

Initials: