

PAUL SMITH'S COLLEGE TRANSCRIPT REQUEST FORM

(Allow 3-5 working days for processing)

Name: _____

Last

First

Middle Initial

Current Address

Street: _____

City, State, Zip: _____

Phone Number: _____

Former name (maiden): _____

E-mail Address: _____

Social Security #: _____ **Date of Birth:** _____

Dates of attendance: _____ **Program:** _____

Send Transcript to: _____ **Number of Copies:** _____ **Transcript should be processed:**
(complete address is required) Now

_____ Hold for semester grades

_____ Hold for degree completion

Transcript Fee is \$5.00 per copy - Official, Unofficial or Faxed
(there is no charge for transcripts if they are for scholarships)

Please Check:
 Official
 Unofficial - faxed transcripts

Payment Method: (circle one)

Personal Check or Money Order (payable to Paul Smith's College)

Credit Card Number: (Visa / MasterCard / Discover)

VIN

Exp Date

for Visa Cards, please include the 3 digit VIN number from back of card

Card Holder Name: _____

Mail this request to:

Registrar's Office
Paul Smith's College
PO Box 265
Paul Smiths, NY 12970

Please do not submit this form via email.

Your written signature is required for processing

If using credit card you may Fax the request to: 518 - 327 - 6951

Any request received that does not have a payment enclosed or credit card information listed, will not be processed.

The College has my permission to release academic transcripts and/or information relative to academic performance at Paul Smith's College. I am responsible for a **complete, correct and legible** mailing address.

Signature

Date