PAUL SMITH'S COLLEGE TRANSCRIPT REQUEST FORM

(Allow 3-5 working days for processing)

Name:

Last First Middle Initial

Current Home Address:

Street:

City, State, Zip:

Phone Number:

Former name (maiden):

E-mail Address:

Date of Birth

Dates of attendance: **Program:**

Will pick up transcript in the Registrar's Office (check box) ☐

Number of Copies: ☐

Send Transcript to:

Please Print complete address below-including name of person, college or business:

Transcript should be processed:

☐ Now

☐ Hold for semester grades

☐ Hold for degree completion

Please Check:

☐ Official - ***mailed only***

☐ Unofficial - *Faxed or Emailed transcripts are not official*

Mail this completed request to:

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

or

Fax this completed request to:

518 - 327 - 6951

or

Scan this completed request to:

registrar@paulsmiths.edu

The College has my permission to release my academic transcripts.
I am responsible for a complete, correct and legible mailing address.

Signature *I certify that the information and signature provided above is my own and was affixed by me willingly.*

Date