



## TRANSCRIPT REQUEST FORM

**Office of the Registrar  
198 College Hill Road  
Clinton, NY 13323**

**Phone (315) 859-4637  
Fax (315) 859-4632  
email regofc@hamilton.edu**

- 1) Print and complete this form, and mail, fax or scan and email to the Office of the Registrar at the address/Fax shown above. *Please complete a separate request form for each person or institution to receive a transcript.*
- 2) Please allow 10 working days to process your request. Transcripts will be processed as quickly as possible, in order of the date received.
- 3) All transcripts are sent in sealed envelopes stamped with the Registrar's signature.

**Please print or type all information legibly**

**Name** \_\_\_\_\_ **Class Year** \_\_\_\_\_ **ID#** \_\_\_\_\_  
(Full name under which you enrolled) (Current Students Only)

**Telephone** \_\_\_\_\_ **E-mail address (Optional)** \_\_\_\_\_  
(Weekdays, between the hours of 8:30 am – 4:30 pm)

**Date of Birth** \_\_\_\_\_ **Signature** \_\_\_\_\_  
(Signature is Required)

**Today's Date** \_\_\_\_\_

**Number of transcripts requested** \_\_\_\_\_

**Transcripts should be sent:**

- Now (allow 10 days to process)
- To arrive by deadline \_\_\_\_\_
- Hold for grades \_\_\_ Fall \_\_\_ Spring
- Other instructions \_\_\_\_\_

**Purpose of transcript:**

- Application to Graduate or Professional School
- Employment
- Academic Leave of Absence
- Summer School
- Transfer
- Personal Use
- Other (specify) \_\_\_\_\_

**PRINT LEGIBLY - name and/or office and complete address of the transcript recipient:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_