

Ithaca College
Office of the Registrar
953 Danby Road
Ithaca, New York 14850

PRINT NAME: _____

ID # or SSN: _____

E-MAIL: registrar@ithaca.edu

TELEPHONE: (607) 274-3127

FAX: (607) 274-1366

- Only complete Ithaca College transcripts will be issued.
- Transcripts will not be issued for students who have outstanding financial obligations to the college.
- Please allow two (2) business days to process requests.
- During periods of heavy volume (start and end of semester, for example), please allow up to four (4) business days to process requests.
- Ithaca College does not fax transcripts.
- There is no fee for transcript requests.

PLEASE ANSWER THE QUESTIONS BELOW:

Currently Enrolled*: Yes No

Major: _____

Semester First Attended: _____

Semester Last Attended: _____

Level(s) (check all that apply): UG GR

Degree(s) received (if applicable): _____

Year Degree was awarded: _____

Date of Birth: _____

Former Name (if applicable): _____

PRINT YOUR NAME AND CURRENT MAILING ADDRESS BELOW:

Daytime Phone: (_____) _____ - _____

E-mail: _____

Federal Express # (if applicable) _____

FedEx Account Name: _____

Transcript sent STANDARD OVERNIGHT unless otherwise noted.

***If currently enrolled:**

Hold and send with current semester final grades

Send now without current semester grades

Hold and send after degree is posted

Signature (required)

Date

PLEASE PRINT RECIPIENT ADDRESS(ES) CLEARLY

Please check one: Pick up (within 2 days) Mail

TO: _____

Number of copies: _____

Please check one: Pick up (within 2 days) Mail

TO: _____

Number of copies: _____

Note: Applicant is responsible for correct address(es).

Please check one: Pick up (within 2 days) Mail

TO: _____

Number of copies: _____

Please check one: Pick up (within 2 days) Mail

TO: _____

Number of copies: _____