

# REQUEST FOR OFFICIAL TRANSCRIPT OF ACADEMIC RECORD

Unofficial copies may be obtained using Homer Connect.

OFFICE OF THE REGISTRAR  
ITHACA COLLEGE  
953 DANBY ROAD  
ITHACA, NEW YORK 14850-7014

PRINT NAME: \_\_\_\_\_  
LAST FIRST MI

I.D. #/SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: [REGISTRAR@ITHACA.EDU](mailto:REGISTRAR@ITHACA.EDU)

TELEPHONE: (607) 274-3127

FAX: (607) 274-1366

NORMALLY THIS REQUEST WILL BE PROCESSED IN TWO BUSINESS DAYS. **AT CERTAIN TIMES OF THE YEAR THERE WILL BE A SLIGHT DELAY DUE TO THE HEAVY VOLUME OF REQUESTS.** YOUR UNDERSTANDING IS APPRECIATED.

PLEASE ANSWER THE QUESTIONS BELOW:

Currently Enrolled:  YES  NO

Graduation Year: \_\_\_\_\_

Semester First Attended: \_\_\_\_\_

Semester Last Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Former Name (if applicable): \_\_\_\_\_

Graduated:  YES  NO

Major: \_\_\_\_\_

PRINT YOUR NAME AND CURRENT MAILING ADDRESS BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Reason for requesting transcript(s):

- wish to transfer to another school
- graduate school
- support job application
- do not wish to respond
- other: \_\_\_\_\_

CHECK INFORMATION NEEDED:

- Undergraduate Record
- Graduate Record

**If currently enrolled:**

- Hold and send with current semester final grades
- Send now without current semester final grades
- Hold and send after degree is posted

**Federal Express No.** (if applicable) \_\_\_\_\_  
Will be sent STANDARD OVERNIGHT unless otherwise noted.

\_\_\_\_\_  
**Student Signature** **Date**

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

**Circle one:** Pick up (within 10 days) Mail  
TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of copies: \_\_\_\_\_

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