TRANSCRIPT REQUEST

LAST NAME FIRST NAME MIDDLE INITIAL

FORMER NAME (IF APPLICABLE)

MAILING ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE NUMBER HOME PHONE NUMBER

SOCIAL SECURITY NUMBER DATES ATTENDED

NO. OF COPIES REQUESTED ____OFFICIAL COPY (Enclose **$5 per copy**) ____ UNOFFICIAL COPY (no charge)

SEND TRANSCRIPT TO:

INSTITUTION: _____

OFFICE: _____

STREET ADDRESS: _____

CITY STATE/ZIP CODE: _____

Note: *If you are requesting transcripts to go to more than one destination, please use a separate sheet for each request.*

INSTRUCTIONS: _____Send Immediately _____Send at End of Term

_____Send After Grade Change _____Send after Posting of Degree

NOTE: *Checks or money orders should be made payable to FLCC. Please do not send cash.*

SIGNATURE **DATE**

FOR CREDIT CARD PAYMENT ONLY .

Please check one: _____ Discover Card ____ MasterCard ____ Visa

Credit Card No: /__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ Expiration Date: Month_____/Year_____

Enter the last three or four digits of your card number that appears on the back of your Credit Card: /__/__/__/__/

Credit Cardholder's Address ***(where you receive your credit card statements)*:**

_____

Street Address or P. O. Box City State Zip

Authorized Signature _____ Print Name:_____

PLEASE NOTE: Any refunds will be made by check.

MAIL WITH REQUIRED FEES TO:

Finger Lakes Community College
REGISTRAR'S OFFICE
3325 Marvin Sands Drive
Canandaigua, NY 14424
Telephone: 585-394-3500 Ext. 7622
Fax: 585-394-0635

FOR OFFICIAL USE ONLY:

Amount Paid:_____ Receipt #: _____

Date receipted: _____By:_____

Date sent: _____ By: _____