



UNOFFICIAL TRANSCRIPT REQUEST

Last Name First Name Middle Initial

Former Name (if applicable)

Mailing Address

City State Zip Code

Daytime Phone Number Home Phone Number

FLCC Student ID or SSN

SEND TRANSCRIPT TO ME VIA THE METHOD I INDICATED BELOW:

(PLEASE NOTE: unofficial transcripts are issued only to the student directly. If **you'd like your academic record sent directly** to another college, employer, etc., please request an official transcript.)

(Please select only one option)

E-mail: _____

Fax: _____

Mail (provide address): Street Address _____

City State, Zip _____

I authorize Finger Lakes Community College to release my unofficial transcript to me via the method I have chosen above.

STUDENT'S SIGNATURE
(do not type your signature)

DATE

Email, Mail or fax to:

Finger Lakes Community College
Student Records Office
3325 Marvin Sands Drive
Canandaigua, NY 14424
Telephone: 585-785-1675
Fax: 585-394-0635
Email: registrar@flcc.edu

FOR OFFICIAL USE ONLY:

TRAN: XPCM:

Date sent: _____ By: _____

Comments: