



TRANSCRIPT REQUEST FORM

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

Phone (315) 8594637
Fax (315) 8594632
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) \$OO WUDQVFULSWV DUH VHQW LQ VHDOHG HQYHORSHV VWDP SHG ZLWK

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-3:30 pm)

Date of Birth _____ Signature _____
(Signature is Required)

7 R G D \ | V ' D W H _____

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:

