



Transcript Request Form

Registrar's Office
SUNY College of Technology at Delhi
Bush Hall, Room 124
454 Delhi Drive
Delhi, NY 13753
Telephone: 607-746-4560
Fax: 607-746-4569
Email: registrar@delhi.edu

Student Name: _____

Previous Name(s) (if any): _____ Student ID#: _____

Date of Birth: ____/____/____ Student's Phone #: (____) _____

Student's Address: _____ City _____ State _____ Zip _____

Dates of Attendance: _____ to _____ Degree(s) Earned: _____ Degree Date(s): _____

Do you have an attachment that must be sent with the transcript? YES NO

When do you need the transcript to be sent:

- Send upon request
- Hold for end of term grades [Specify term & year: _____]
- Hold until my degree is posted [When do you plan to graduate: _____]

NOTE: Standard turnaround is 5-10 business days. Turnaround may be longer at busy times (such as start/end of term).

PRINT (or type) the complete mailing address(es) of where to send the transcript(s). Check the "pick up" box below if you wish to pick up the transcript. We cannot email transcripts; do not enter an email address below.

- Check here if you wish to pick up your transcript – you must show identification (SUNY Delhi ID, driver's license, passport, etc.) when you pick up the transcript. Number of copies you wish to pick up: _____

Recipient 1: <i>Be sure to include recipient name and/or the name of the office/college/university/institution</i>
of copies to send this recipient:

Recipient 2: <i>Be sure to include recipient name and/or the name of the office/college/university/institution</i>
of copies to send this recipient:

Student Signature _____ Date: _____

Transcripts **will not** be issued without the student's signature