



TRANSCRIPT REQUEST FORM

Send to:

Student Central - Gordon Student Center
Onondaga Community College
4585 West Seneca Turnpike
Syracuse, NY 13215

\$10.00 per transcript

Student Name _____ Previous Name _____

Student ID / Social Security # _____ Date of Birth _____

Address _____
Street City State Zip

Phone # _____ Email Address _____

Check this box if you would like your student record updated to reflect the address listed above.

Onondaga degree(s) and date(s) awarded: _____

Dates of attendance: _____

Pick-Up OR Please Mail: As soon as possible After degree is posted After current term grades

NAME OF RECIPIENT(S) AND MAILING ADDRESS(ES)

You are responsible for the correct, complete and legible address.

Recipient #1

Name/School _____

Company/Office _____

Address _____

City, State, Zip _____

Number of Copies _____

Recipient #2

Name/School _____

Company/Office _____

Address _____

City, State, Zip _____

Number of Copies _____

If you have additional recipients, please attach another form.

*I, the above-named student, certify that all of the information provided is correct; that the recipient(s) information is accurate, complete, and legible; and that payment in full for the transcript(s) is made at the time of the request. **I understand that all financial obligations to the college must be reconciled before a transcript will be released.** I understand that the transcript will reflect Onondaga Community College courses only, that the transcript will be provided in a stamped and sealed envelope to the recipients listed (transcripts mailed to schools are not stamped), and that tampering with the envelope will nullify the validity of the transcript(s).*

Student Signature _____ Date _____

** Requests will not be processed without your signature**

Office of Student Accounts Use Only:		Registrar's Office Use Only:
Amount Received/Receipt #:	Cashier/Date:	Processed by/Date:
Restrictions:		Address Updated? <input type="checkbox"/> Yes <input type="checkbox"/> No