

TRANSCRIPT REQUEST FORM

Directions: Complete all the information directly on your computer using your keyboard and mouse, print this page, sign it, and mail or fax. This form can only be used for one mailing address.
Print additional forms as needed.

IMPORTANT NOTES:

1. Transcripts will not be released if you have any financial obligation or checkstop.
2. The schools of [Law](#), [Medicine](#), and [Dental Medicine](#) maintain their own academic records and transcript request.

Student Name _____ Person or SS Number _____

Former Name (if applicable) _____

Current Address _____ City, State, Zip _____

Daytime Telephone _____ E-mail _____

Dates of Attendance:	Degree(s) Awarded:
FROM _____	1 _____
TO _____	2 _____
	3 _____

Required Transcript Information

Number of Transcript Copies _____	Indicate Transcript Action (no choice indicates mail now):
	Hold-Current Semester Grades (available 3 weeks after exams)
	Hold-Current Sem Grades w/Dean's List (avail 6 wks after exam)
UB Study Abroad Program _____	Hold Until Degree Is Conferred _____
	Hold For Grade Change-Course # _____ Semester/Year _____
	(EXAMPLE - Course # CHE 101 Semester Fall 1999)

Send Transcript To:

Name _____

Company/Office (if applicable) _____

Address _____

City _____ State _____ Zip _____

I authorize the release of my academic transcript. (Transcript cannot be released without your signature.)

Student Signature _____ Date _____

Mail or Fax to:

Student Academic Records & Financial Services - Transcripts
232 Capen Hall
University at Buffalo
Buffalo, NY 14260
Fax: (716) 645-7762