

PLEASE PRINT CLEARLY.

SIN, SS#, OR ID# _____

Your Name: _____
Last First Middle

Present Address: _____
Number and Street Apt # City State Zip

E-Mail Address: _____ Phone Number: _____ / _____
(HOME) (CELL)

Dates of Attendance: _____ **If you attended under another name, please indicate:** _____

TYPE OF TRANSCRIPT REQUESTED: Please check one:

- OFFICIAL TRANSCRIPT – to be sent directly to an institution or place of business.
- SEALED OFFICIAL TRANSCRIPT – to be sent to the student in a sealed envelope.
- UNOFFICIAL TRANSCRIPT – for personal use.

CURRENT STUDENTS ONLY: Check here if transcript is to be held for any of the following:

- Hold for current semester grades
- Hold for change of grade in _____
- Hold for degree conferral

PAYMENT IS DUE AT THE TIME OF REQUEST. Transcripts cannot be sent for any student whose financial obligations to the college have not been met. Transcripts will be released in approximately 3 to 5 business days from the time the request is received in Daemen's Registrar's Office. However, allow a longer processing time during peak periods and if transcripts are to be held for specific information checked above.

Number of copies to be sent to this address: _____

Please forward transcript to: (PLEASE PRINT, USE INK)

STUDENT'S SIGNATURE

(TRANSCRIPT CANNOT BE RELEASED WITHOUT YOUR SIGNATURE.)

Date

REGISTRATION OFFICE USE ONLY

DATE COMPLETED

COMPLETED BY

STUDENT ACCOUNTS OFFICE USE ONLY

DATE COMPLETED

COMPLETED BY

SEE PAGE 2 FOR PAYMENT INFORMATION

Payment Information

Please choose one: Cash Check/Money Order Credit Card

Amount _____ Check or Money Order Number _____

Name on card _____

Billing Address _____

of Card holder Number and Street City State Zip

Credit Card Number _____ Expiration Date _____

Security Code (3 digit number on back of card) _____

E-Mail Address: _____ Phone Number: _____ / _____
(HOME) (CELL)

WE ACCEPT VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS