



TRANSCRIPT REQUEST FORM

Office of Records & Registration
Email: registration@sunycgcc.edu

4400 State Route 23
Phone: 518-697-6400 ext. 6420

Hudson, NY 12534
Fax: 518-828-1187

Please PRINT or TYPE all fields clearly

Name (Last, First, MI): _____

Address: _____

Phone: _____ Email: _____

Student ID# or SSN: _____ Any previous names while at CGCC: _____

I am requesting an: Official Transcript ___ Total # of copies: ___ Unofficial Transcript ___ Total # of copies: ___

Send Transcripts To: *please provide complete name and address for each recipient. If additional space is needed, please attach additional forms and sign. If recipient is a college, please indicate if SUNY or Non-SUNY.*

Recipient 1: _____

Recipient 2: _____

Recipient 3: _____

Send immediately: ___ Send when grades are available from semester indicated: Fall ___ Spring ___ Summer ___

We are unable to send transcripts electronically. Please choose delivery method:

Postal Mail: ___ I will pick up at the office ___ I authorize the following person to pick up _____
Please note that you or authorized person MUST bring photo ID for us to release transcript.

Student Signature: _____ **Date:** _____

Signature authorizes CGCC to release your transcript to the parties listed on this form and is required for processing.

Please send completed form to the Office of Records & Registration. Contact information above.

Office Use Only, do not write below this section

Date Received: _____ Date Sent: _____ R/R Initials: _____

Notes: