



# UNOFFICIAL TRANSCRIPT REQUEST FORM

Office of Records & Registration  
Email: [registration@sunycgcc.edu](mailto: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: \_\_\_\_\_

# of Copies Requested: \_\_\_\_\_

**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: