HAMILTON COLLEGE
TRANSCRIPT REQUEST

Office of the Registrar
198 College Hill Rd.
Clinton, NY 13323

Phone (315) 859-4637
Fax (315) 859-4632

1) Print and complete this form, and mail or fax it to the Office of the Registrar at the address or Fax number shown above. *Please complete a separate request form for each person or institution to receive a transcript.*
2) Colleges and Universities in general prefer transcripts mailed directly from the Registrar's office.
3) Please allow 10 working days to process your request. Transcripts will be processed as quickly as possible, in order of the date received.

Please print all information legibly

Name_____ **Class Year** _____ **ID# or SSN** _____
(Full name under which you enrolled)

Street/Apt#/POBox _____

City _____ **ST/Country**_____ **Zip**_____

Telephone _____ **E-mail address** _____
(Weekdays, between the hours of 8:30 am – 4:30 pm)

Date of Birth _____ **Signature** _____
(Used to verify record only) **(Signature is Required)**

Today's Date _____

Number of transcripts requested _____

Transcripts should be sent:

- Now (allow 10 days to process)
- To arrive by deadline _____
- Hold for grades ____Fall ____Spring
- Other instructions _____

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Purpose of transcript:

- Application to Graduate or Professional School
- Employment
- Academic Leave of Absence or Study Abroad
- Summer School
- Transfer
- Personal Use
- Other (specify) _____

- **Check box at left to have transcript sent to you at the address above OR**

Print name and/or office and complete address of the transcript recipient:

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