



Hamilton

TRANSCRIPT REQUEST FORM

Office of the Registrar
198 College Hill Road
Clinton, NY 13323

Phone: (315) 859-4637
Fax: (315) 859-4632
E-mail: regofc@hamilton.edu

- 1) Complete this form, **PRINT AND SIGN**, and mail, fax, or scan and e-mail, to the Office of the Registrar at the address/fax shown above. *Please complete a separate request form for each person or institution to receive a transcript.*
- 2) Please allow 10 working days to process your request. Transcripts will be processed as quickly as possible, in order of the date received.
- 3) All transcripts are sent in sealed envelopes stamped with the Registrar's signature.

Name _____ **Class Year** _____ **ID#** _____
(Full name under which you enrolled) (Current Students Only)

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

Date of Birth _____ **Signature** _____
(Signature is Required)

Today's Date _____

Purpose of transcript:

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 _____
- _____

- Application to Graduate or Professional School
- Employment
- Academic Leave of Absence
- Summer School
- Transfer
- Personal Use
- Scholarship, Fellowship, Internship
- Other (specify) _____

Complete name and address of the transcript recipient:
