

PAUL SMITH'S COLLEGE TRANSCRIPT REQUEST FORM

(Allow 3-5 working days for processing)

Name: _____
Last First Middle Initial

Current Home Address: _____
Street: _____
City, State, Zip: _____
Phone Number: _____
Former name (maiden): _____
E-mail Address: _____
Date of Birth _____

Dates of attendance: _____ **Program:** _____

Will pick up transcript in the Registrar's Office (check box)

Number of Copies:

Send Transcript to:
Please Print complete address below-including name of person, college or business: _____

Transcript should be processed:
 Now
 Hold for semester grades
 Hold for degree completion

Mail this completed request to:
Registrar's Office
Paul Smith's College
PO Box 265
Paul Smiths, NY 12970
or

Please Check:
 Official - *mailed only*
 Unofficial - *Faxed or Emailed transcripts are not official*

Fax this completed request to:
518 - 327 - 6951

or
Scan this completed request to:
registrar@paulsmiths.edu

The College has my permission to release my academic transcripts.
I am responsible for a complete, correct and legible mailing address.

Signature _____
Date