



ACADEMIC TRANSCRIPT REQUEST

- Instructions:**
- Complete separate request form for each individual.
  - Be sure to sign as the request cannot be processed without your signature.
  - Please print.

Please check one:

Hobart

William Smith

1. In order to pay with a credit card or request an official electronic transcript to be sent students must request a transcript through the national student clearinghouse. Instructions for this can be found on the HWS Registrar's website.
2. Transcripts issued directly to students are stamped "This Official Transcript issued Directly To The Student."
3. Transcripts that are used to obtain transfer credit from another college or university cannot be hand delivered. They must be mailed directly to the other institution by the Office of the Registrar.
4. There is a \$5 charge for each official transcript. Please send check or money order (made payable to Hobart and William Smith Colleges) to: Student Services Coordinator, Office of the Registrar, Hobart and William Smith Colleges, 300 Pulteney Street, Geneva, New York 14456-3397. Current students may have transcript fees billed to their student account.  
FAX # (315) 781-3920; PHONE # (315) 781-3649

Name \_\_\_\_\_  
 Last First Middle Student I.D. # or S.S. #

Date of Birth: \_\_\_\_\_ HWS Box # \_\_\_\_\_

Address (Number and Street) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Contact E-mail Address \_\_\_\_\_

**Check appropriate box and sign for authorization:**

- Years attended: From \_\_\_\_\_ To \_\_\_\_\_
- Currently enrolled
- Graduated: Degree \_\_\_\_\_ Year \_\_\_\_\_
- Hold for current term grades
- Hold for degree certification
- I attended before September 1989
- I attended under another name:  
Previous Name \_\_\_\_\_
- Enrolled in HEOP/AOP program

**Reason for Transcript Request:**

- Transcript used for HWS off-campus exchange programs
- Scholarships
- Law School Applicant
- Health Professions Applicant
- Possible transfer
- Other \_\_\_\_\_

*For Registrar's use only*

Total Fees Due \_\_\_\_\_ Date Billed \_\_\_\_\_  
 No Charge  Charged to Student Acct.

Amount Paid \_\_\_\_\_ Date Received \_\_\_\_\_  
 Check  Cash  Money Order

Balance Due \_\_\_\_\_

The requester is responsible for correct and legible information

Please send \_\_\_\_\_ transcript(s) to the address below. (Please complete mailing address within space provided. **Print clearly**)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization. I authorize the issuance of my transcript as indicated on this form.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_