



SUNY College of Technology

Academic Transcript Request form

PLEASE CHECK ONE BOX ONLY:

Send Now Send at End of Current Semester Send After Degree Posted

Official _____ Number of Copies (Limit 2 per request)

(Students may obtain/print unofficial copies of their transcripts on Banner Web. Go to <http://web.alfredstate.edu/banweb/>)

Please PRINT:

Social Security Number	Phone		
Dates of Attendance: _____			
Last Name	Maiden Name	First Name	MI
Street Address			
City	State	Zip	

I hereby grant permission to the Registrar of Alfred State College to release any information relating to my academic record at Alfred State College to the recipient named below.

Student Signature

Date

Please PRINT: (Please document any special instructions on the back of this form prior to mailing.)

Recipient Name
Street Address
City
State
Zip

This completed and *signed* form may be faxed to the Registrar's Office/Enrollment Services at 607-587-3287, or it may be mailed to: Alfred State College, Registrar's Office/Enrollment Services, 10 Upper College Drive, Alfred, NY 14802. Requests are usually filled within 2-3 business days; however, please allow up to 2 weeks during peak times.

College policy protects the rights of privacy and access regarding your educational records as articulated in the Family Educational Rights and Privacy Act of 1974 (FERPA). Information that can be released without your signature is "directory information." That is your name, address, telephone number, date and place of birth, electronic e-mail address, major field of study, enrollment status, participation in official recognized activities and sports, weight and height of member of athletic teams, degrees, honors and awards received and dates of attendance. **If you do not want "directory information" released to unauthorized persons, you must notify the Registrar's Office in writing.**