

# The College of Saint Rose

Office of The Registrar, 432 Western Avenue, Albany, NY 12203

Phone: (518) 458-5464

Email: registrar@strose.edu

## Transcript Request Form

DATE REQUESTED	NUMBER OF TRANSCRIPTS	STUDENT ID# OR SOCIAL SECURITY #	
LAST NAME	(OTHER LAST NAME)	FIRST	M.I.
STREET		TELEPHONE #	
CITY	STATE	ZIP	BIRTH DATE

### PLEASE SEND TRANSCRIPT TO:

☐ SAME ADDRESS AS ABOVE ↑

☐ SAINT ROSE GRADUATE ADMISSIONS

☐ ADDRESS BELOW ↓

COLLEGE, SCHOOL, ORGANIZATION OR STATE DEPARTMENT

NAME/DEPARTMENT

STREET

CITY

STATE

ZIP

### DID YOU COMPLETE A DEGREE PROGRAM AT THE COLLEGE OF SAINT ROSE

☐ Yes ☐ Bachelor's

Semester

Year

☐ Master's

Semester

Year

☐ No—If No, The date last enrolled

Semester

Year

### PLEASE NOTE:

■ The Registrar's Office does NOT issue unofficial transcripts.

■ The Registrar's Office CANNOT fax transcripts.

### SEND TRANSCRIPT:

☐ Immediately ☐ After Final Grades

☐ After Degree Awarded

### NYSUT/TEI/CITE/ETS STUDENTS ONLY:

Specify courses to be included on your transcript.


- The first 20 transcripts from the College are free of charge. A fee will be charged for each transcript after that.
- The student may personally receive up to five transcripts at a time.
- Undergraduate and Graduate records count as one copy.

By signing this form, I give my consent to release my transcripts as indicated above.

X

SIGNATURE

### FOR OFFICE USE ONLY

DATE PROCESSED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

NOTE: TRANSCRIPT REQUEST WILL NOT BE PROCESSED WITHOUT STUDENT'S SIGNATURE

Rev. 06/2016