

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 CAREER CENTER

ADDRESS BELOW ↓

SAINT ROSE GRADUATE ADMISSIONS

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