

# 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](mailto: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**