TRANSCRIPT REQUEST FORM

MOHAWK VALLEY COMMUNITY COLLEGE
Registrar's Office, 1101 Sherman Drive, Utica NY 13501, FAX (315)792-5698

NAME	**PREVIOUS NAME**
STUDENT ID# (M # or Social Security Number) **-** **-**	**BIRTHDATE** / /
CURRENT ADDRESS	**Date Last Attended** / / **Graduation Date** / /
CITY/STATE/ZIP CODE	**PHONE** - -
VISA/MASTERCARD#	**EXP. DATE** / / **VRN Number** / /
List Visa, Mastercard, Discover number, expiration date and VRN Number (last three digits on back of your credit card number) only if paying with a credit card.	
NUMBER OF TRANSCRIPT(S) _____. Please note it is the student's responsibility to determine the number of transcripts required for each desired organization.	

SELECT ONE OF THE FOLLOWING OPTIONS:

☐ (1) **I WILL PICK UP THE OFFICIAL TRANSCRIPT(S) $5.00 fee per transcript.**
Photo ID will be required at the time of pick up. Transcripts will only be held for 30 days. Any transcripts not picked up after 30 days will be destroyed and you must re-order and pay the additional transcript fee.

☐ (2) **MAIL OFFICIAL TRANSCRIPT IMMEDIATELY TO THE ADDRESS SPECIFIED**
Please print clearly. $5.00 fee per transcript.

Attention/Name of organization		
Street address		
City	State/Zip Code	Province (Canada only)

☐ (3) **FAX TRANSCRIPT TO ($10.00 fee per transcript)**:
Name/Organization FAX Number (include area code)
NOTE: Fax transcripts are not official.

SPECIAL OPTIONS:
☐ HOLD UNTIL FINAL GRADES FOR CURRENT SEMESTER ARE POSTED
☐ HOLD UNTIL DEGREE OR CERTIFICATE IS POSTED
☐ HOLD FOR GRADE CHANGE

Authorization Signature Required: I authorize release of my transcript as directed on this MVCC Transcript Request Form.

Date: Signature:

Office Use Only:	Processed by:
Amount charged:	Date Processed:

Mail the completed form to: Mohawk Valley Community College OR FAX to: (315)792-5698
Registrar's Office
1101 Sherman Drive, Utica NY 13501