

TRANSCRIPT REQUEST FORM

Directions: Print this page, and complete all the information, then sign it, and mail or fax.
This form can only be used for one mailing address.
 Print additional forms as needed.

IMPORTANT NOTES:

1. Transcripts will not be released if you have any financial obligation or checkstop.
2. The schools of [Law](#), [Medicine](#), and [Dental Medicine](#) maintain their own academic records and transcript request.

Student Name _____ UB Person Number _____

Former Name (if applicable) _____

Current Address _____ City, State, Zip _____

Daytime Telephone _____ UB E-mail _____

Dates of Attendance:	Degree(s) Awarded:
FROM _____	1 _____
TO _____	2 _____
	3 _____

Required Transcript Information

Number of Transcript Copies

UB Study Abroad Program

Yes No

Indicate Transcript Action:

- Mail Transcript Now
- Hold For Current Semester Grades (**available 3 weeks after exams**)
- Hold For Current Semester Grades with Dean's List (**available 6 weeks after exams**)
- Hold Until Degree Is Conferred
- Hold For Grade Change-Course # _____ Semester/Year _____

(EXAMPLE - Course # CHE 101 Semester Fall 1999)

I authorize the release of my academic transcript. (**Transcript cannot be released without your signature.**)

Student Signature _____ Date _____

Send Transcript To:

Name _____

Company/Office (if applicable) _____

Address _____

City _____ State _____ Zip _____

Mail or Fax to:
 Student Academic Records & Financial Services - Transcripts
 232 Capen Hall, University at Buffalo, Buffalo, NY 14260
 Fax: (716) 645-7762