



Registrar's Office, 100 Reservoir Road, Herkimer, NY 13350 / registrar@herkimer.edu / Phone: 315-866-0300 x8289 / Fax: 315-866-1657

An Official Transcript costs **\$14.00**. Submit this completed request form to us via mail (see above), fax (315-866-1657) or scan and email (registrar@herkimer.edu). **Allow three to five business days for our processing-up to seven days during busy time plus US Postal delivery time.** Your transcript will **NOT** be released if you have any financial holds on your account or is not signed below. PLEASE PRINT. (Transcripts issued to students are in a sealed envelope)

HERKIMER COLLEGE ID or SOCIAL SECURITY #: _____

Last Name _____	First _____	MI _____	Former / Maiden Name _____
Permanent Address _____			e-mail address _____
City _____	State _____	Zip _____	() Cell/Work Phone _____

Number of Transcript Copies: _____ X **\$14.00** each = \$ _____

We do NOT send transcripts electronically, by fax or email
MAIL Transcript to: (complete ONE form for EACH address)

If **CURRENTLY** enrolled at **HCCC**, **HOLD** for: _____ **College/University OR Business/Person:** _____

<input type="checkbox"/> End of Semester Grades _____ <input type="checkbox"/> End of Semester Degree _____ <input type="checkbox"/> Winter Mini Grade _____ <input type="checkbox"/> Summer Mini Grade _____ <input type="checkbox"/> College Now Grades _____ <input type="checkbox"/> Send Now _____	Dept. /Office: _____ Street Address/PO Box: _____ City, State, Zip: _____
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Payment: If requesting in person, do not complete this section--skip to signature box below.

Mail Check or Money Order payable to HCCC.

Credit Card payment. We accept *only* American Express, Discover, Master Card or Visa.

CC #: _____ Exp. Date: ____ / ____ / ____ Security Code: _____
Month Year

Name of Cardholder, if not student: _____

Billing Address for Card, if not student's: _____
Street/PO Box City State Zip Code

SIGNATURE: _____

We do NOT accept electronic signatures. The actual student signature is required to release transcripts. Date

Registrar's Office: Clear / Hold - Charge: _____ Initials: _____ Date Mailed: _____ Remarks: _____	Bursar's Office: Receipt #: _____ Date: _____ Initials: _____	Date Stamp Received
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