



Herkimer College
Registrar's Office
100 Reservoir Rd.
Herkimer, NY 13350
315-866-0300 x8289
Registrar@herkimer.edu
Fax: 315-866-1657

***We do NOT send transcripts electronically *
(Complete ONE form for each address)**

Submit this **completed** request form to us via **mail, email, or fax**

An Official Transcript costs **\$14.00**. **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. ****PRINT REQUEST****

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: Fee \$14
_____ X **\$14.00** each = \$ _____

MAIL Transcript to: (use a COMPLETE address)

Name or College/University or Business

Send NOW

OR

CHECK IF TRANSCRIPT IS TO BE:

- Held for CURRENT Semester Final Grades
- Held for CURRENT Degree Awarded Status
- Held for CURRENT College Now Final Grades
- N/A

Dept. /Office:

Street Address/PO Box:

City, State, Zip:

Transcripts issued to student are in a sealed envelope.

Payment: If requesting in person, do not complete this section

- Mail** Check or Money Order payable to HCCC with completed transcript request.
- 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: _____

STUDENT SIGNATURE: _____ Date _____

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

Registrar's Office:

Bursar's Office:

Date Stamp Received

Clear / Hold - Charge: _____ Initials: _____

Receipt #: _____

Date Mailed: _____

Date: _____

Remarks: _____

Initials: _____