

Official Transcript Request **PRINT REQUEST**

Submit this completed request form to us using one of the following options:

• Fax: 315-866-1657

• Email: registrar@herkimer.edu

• Mail: Herkimer College Registrar's Office, 100 Reservoir Rd, Herkimer, NY 13350

Allow 3-5 business days for processing, plus US Postal delivery time.

Last Name	First	MI	Former / Maiden Name	
Last Hame	11130		1 officer / Mardell Name	
Permanent Address			E-mail Address	
			()	
City	State	Zip	Cell/Work Phone	
Number of Transcript (Copies: Fee \$14	MAIL Transcrip	ot to: (use a COMPLETE add	dress)
X \$14.00 each = \$		Name or College/University or Business		
Send NOW		Dept. /Office:		
R CHECK IF TRANSCRI				
Held for CURRENT Semester Final Grades Held for CURRENT Degree Awarded Status Held for CURRENT CollegeNow Final Grades		Street Address/PO Box:		
Transcripts issued to student are in a sealed envelope.		City, State, Zip:		
ayment: An Official T [] Mail Check or Money [] Credit Card payment. CC #: Name of Cardholder, if not st Billing Address for Card, if no	Order payable to HCC We accept <i>only</i> Amer udent:	C with completed trace ican Express, Discover Exp. Date:	er, Master Card or Visa/ (Month/Year) Sec	urity Code:
TUDENT SIGNATUI	RE:			
		ptwill NOT be released if n	otsigned.	Date
jistrar's Office:	Burs	sar's Office:	Date Stamp Received	
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