



# Herkimer

THE STATE UNIVERSITY OF NEW YORK

## Official Transcript Request

Herkimer College

Registrar's Office

100 Reservoir Rd.

Herkimer, NY 13350

315-866-0300 x8289

[Registrar@herkimer.edu](mailto:Registrar@herkimer.edu)

Fax: 315-866-1657

**\*We do NOT send official transcripts electronically or by email \***

**(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 plus US Postal delivery time**

Your transcript will **NOT** be released if 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

MAIL Transcript to: (use a COMPLETE address)

\_\_\_\_\_ X **\$14.00** each = \$ \_\_\_\_\_

Name or College/University or Business

[ ] Send NOW

**OR**

**CHECK IF TRANSCRIPT IS TO BE:**

Dept. /Office:

[ ] Held for CURRENT Semester Final Grades

[ ] Held for CURRENT Degree Awarded Status

[ ] Held for CURRENT College Now Final Grades

[ ] N/A

Street Address/PO Box:

Transcripts issued to student are in a sealed envelope.

City, State, Zip:

**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: \_\_\_\_

Name of Cardholder, if not student: \_\_\_\_\_

Billing Address for Card, if not student's: \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

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

Registrar's Office:

Bursar's Office:

Date Stamp Received

Clear / Hold - Charge: \_\_\_\_\_ Initials: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks:

Initials: \_\_\_\_\_