

Remarks:

Official Transcript Request

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 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 Your transcript will <i>NOT</i> be rel			<mark>vs for our processing plus US Postal delivery tin</mark> REQUEST**
HERKIMER COLLEGE I	D or SOCIAL SECUR	RITY #: _	
Last Name	First	МІ	Former / Maiden Name
Permanent Address			e-mail address
City	State	Zip	()
Number of Transcript Copi X \$14.00 each = \$		MAIL Transcri	pt to: (use a COMPLETE address)
[] Send NOW		Name or Coll	ege/University or Business
CHECK IF TRANSCR [] Held for CURRENT Sem [] Held for CURRENT Deg	ester Final Grades	Dept. /Office:	
[] Held for CURRENT Coll [] N/A		Street Address/I	PO Box:
ranscripts issued to student are in a sealed envelope.		City, State, Zip:	
Payment: If requesting in [] Mail Check or Money [] Credit Card payment.	Order payable to HCCC	with completed tra	anscript request. ver, Master Card or Visa.
CC #:			
Name of Cardholder, if not st	udent:		Month Year
Billing Address for Card, if no	t student's:		
STUDENT SIGNATUI **We do NOT accept electronic	 -	student signature is	required to release transcripts. Date
Registrar's Office:	Bursa	ır's Office:	Date Stamp Received
Clear / Hold - Charge: Ini	tials: Receip	pt #:	_
Date Mailed:	Date:		_