

Cayuga Community College

A UNIT OF THE STATE UNIVERSITY OF NEW YORK

TRANSCRIPT REQUEST

- **For fastest processing, deliver in person to**
Auburn Campus: Office of the Registrar
Fulton Campus: Main Desk

- **Fax to**
315.255.9983

- **Mail to**
Cayuga Community College
ATTN: Registrar
197 Franklin Street
Auburn, NY 13021

Student's Name _____

Social Security Number _____

Street Address _____

Maiden or Other Name _____

City/State/Zip _____

Date of Birth _____

Month, Year Graduated from Cayuga ____-____ Month, Year Last Attended Cayuga ____-____ Current Cayuga Student? Yes No

In case we need to reach you: Daytime Phone (_____) _____ Cell Phone (_____) _____

Print address(es) to send transcript(s), including name of official or office. *This request will be kept on file for one year from date received.*

1. Hold in sealed envelope for pickup.
 Mail to the following address.
 Include receipt confirmation postcard.

Select one:

- Hold for grades from current term.
 Process transcript request immediately.

3. Hold in sealed envelope for pickup.
 Mail to the following address.
 Include receipt confirmation postcard.

Select one:

- Hold for grades from current term.
 Process transcript request immediately.

2. Hold in sealed envelope for pickup.
 Mail to the following address.
 Include receipt confirmation postcard.

Select one:

- Hold for grades from current term.
 Process transcript request immediately.

4. Hold in sealed envelope for pickup.
 Mail to the following address.
 Include receipt confirmation postcard.

Select one:

- Hold for grades from current term.
 Process transcript request immediately.

Student's Signature (required for processing of request)

Date