



ACADEMIC RECORD TRANSCRIPT REQUEST

STUDENT ADMINISTRATIVE SERVICES

Questions? Call **315-268-6451** (Potsdam Campus) or **518-631-9910** (Capital Region Campus)
No transcript will be prepared for anyone whose financial obligations to the University have not been met.

Union Graduate College alumni with records prior to July 17, 2003 should contact [Union College](#) for transcripts.

Student Information

Current Full Name _____ Former Name (if applicable) _____

Student ID Number _____ or Social Security Number _____ Program/Major (recommended) _____

Phone Number (required) _____ Email Address _____ Years of Attendance (ex: 2001-2005) _____

Check here if you are requesting a Union Graduate College transcript (otherwise, a Clarkson transcript will be issued)

Transcript Delivery Options & Service Fees

Delivery Method	Service Fee
<input type="checkbox"/> In-office pick-up (ID required) – transcripts must be picked up at the campus you attended	-
<input type="checkbox"/> Standard mail	-
<input type="checkbox"/> *Priority mail Must be received by 10:00am for same-day processing	\$7.00
<input type="checkbox"/> *Priority Express mail Must be received by 10:00am for same-day processing	\$25.00
<input type="checkbox"/> Unofficial transcript via <input type="checkbox"/> Fax <input type="checkbox"/> Email	-

*Priority and Priority Express available for domestic mail only. Please contact SAS if you need rush service to an international address.

Total number of transcripts requested: _____ **Total fee (due now):** _____
Clarkson University retains the right to limit the number of official transcripts provided at one time.

To: _____ **Fax Number or Email address:** _____

Address: _____ **Attn:** _____

_____ *For unofficial, unsecured transcripts only*

Special Instructions

Hold for current semester grades Hold for degree certification _____

Other: _____ *Expected degree date*

Release Authorization

The Family Educational Rights & Privacy Act of 1974, Public Law 93-380, Section 483 requires the written consent of the student before any information, other than directory, can be released. By my signature on this form, I am requesting that Clarkson University furnish an academic transcript to the recipient listed.

Student Signature (electronic signatures are not accepted) _____ Date _____

Payment Method for Rush Service

Cash or Check (enclosed) Credit Card Type: MasterCard Visa Discover

Credit Card Billing Address: _____

_____ Card Number _____ CVV _____ Exp (mm/yy) _____

_____ Signature (credit cards only) _____ Date _____

Return form to:

Potsdam Campus students: PO Box 5575, Potsdam, NY 13699-5575 | (Fax) 315-268-6452 | sas@clarkson.edu

Capital Region Campus students: 80 Nott Terrace, Schenectady, NY 12308 | (Fax) 518-631-9901 | CRCtranscripts@clarkson.edu