

## ACADEMIC RECORD TRANSCRIPT REQUEST

STUDENT ACHIEVEMENT SERVICES | OFFICE OF THE REGISTRAR Potsdam Campus: Box 5575, Potsdam, NY 13699-5575 | (315) 268-6451 Capital Region Campus: 80 Nott Terrace, Schenectady, NY 12308 | (518) 631-9835

Union Graduate College alumni with records prior to July 17, 2003 should contact <u>Union College</u> for transcripts.

**Clarkson University** has partnered with <u>Parchment</u> to order and send electronic transcript securely. You can also order hard-copy transcripts online through Parchment. \*Current students, and recent alumni that are within one year of graduation, who prefer not to order through parchment, please fill out this form entirely and return to:

Student Achievement Services · 10 Clarkson Avenue - Box 5575 · Potsdam, NY 13699-5575 Or (Fax) 315-268-6452

Or sas@clarkson.edu

## **Student Information**

Current Full Name			Former Name (if applicable)			
		or _				
Student ID Number			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 tra				anscript		
Transcript Delivery Options & Service Fees						
Delivery Method   In-office pick-up (ID required, Potsdam campus only)   Standard mail domestic/international   +Priority mail Must be received by 10:00am   *Priority Express mail Must be received by 10:00am   *Total number of transcripts requested: (limit 5   *Priority and Priority Express available for domestic mail only. Please contact SAS   Attn:   Address:				L0:00am for same-day (limit 5 per form request) ntact SAS if you need rush se	processing ervice to an international a or current term grades or degree certification	<u>Service Fee</u> - \$10.00/\$33.00 \$20.00 \$34.00
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 (typed names are not accepted)				Date		
Payr	nent Method for Ru	sh Se	rvice			
	Cash or Check (enclosed) Credit Card* Credit Card Billing Address (MUST include Zip Code)			Type: MasterCa	rd 🗌 Visa 🗍 D         CVV	iscover Exp (mm/yy)
_				Signature (credit ca	rds only)	Date

\*We strongly recommend that you do not send sensitive personal information (such as social security number) via email. For secure electronic ordering, please use <u>Parchment</u>.