



Academic Transcript Request Form

Please Check Only One Box Below Indicating When to Send:

Send Now

Send at End of Current Semester

Send After Degree Posted

Official

Number of Copies (Limit 2 per request)

(Students may obtain/print unofficial copies of their transcripts on the my.AlfredState.edu student portal)

Please Print:

Student ID Number	Date of Birth	Phone	
Dates of Attendance: _____			
Last Name	Maiden Name	First Name	MI
Street Address			
City	State	Zip	

I hereby grant permission to the Student Records and Financial Services Office of Alfred State to release any information relating to my academic record at Alfred State to the recipient named below.

Student Signature

Date

Please Print: (Please document any special instructions on the back of this form prior to mailing.)

Recipient Name		
Street Address		
City	State	Zip

This completed and **signed** form may be returned:

- Faxed to: Student Records and Financial Services Office at (607) 587-3287
- Mailed to: Alfred State College
- Student Records and Financial Services Office
10 Upper College Drive
Alfred, NY 14802

Requests are usually filled within 2-3 business days; however, please allow up to 2 weeks during peak times.

College policy protects the rights of privacy and access regarding your educational records as articulated in the Family Educational Rights and Privacy Act of 1974 (FERPA).

Rev. 10/22