

OFFICIAL TRANSCRIPT REQUEST

★ REQUESTS WILL NOT BE HONORED IF YOUR FINANCIAL ACCOUNT IS NOT CLEAR ★

Students in the School of Medicine or the School of Dental Medicine must order official transcripts by contacting their school. School of Medicine at (631) 444-2341; School of Dental Medicine (631) 632-8901.

1. Stony Brook ID _____ 2. Student's Date of Birth _____ 3. Today's Date: _____ (If unknown, provide SS#)

4. Student Name (please print or type): _____ Last First M.I.

5. Current daytime telephone number REQUIRED: () _____ Email _____

6. Your current address: _____

7. Your signature: (Students must sign authorizing release of transcript.) _____

8. Type of Transcript (Pick one): Undergraduate [] Graduate [] Both (Undergraduate and Graduate) []

9. Are you a Health Sciences Center (HSC) Student? [] NO [] YES

10. If you are registered for the semester currently in progress do you want your transcript(s) to be held for this term's grades? [] NO [] YES - Do not send my transcript until all grades are in for [] Fall [] Spring [] Summer I [] Summer II [] Winter (Year)

11. If you anticipate graduating at the end of this semester, do you want your transcripts held for inclusion of your Stony Brook degree? [] NO [] YES - Do not send my transcript until my [] BA [] BS [] MA [] MS [] PhD [] Other _____ has been posted to my transcript for the following semester: [] Fall [] Spring [] Summer I [] Summer II [] Winter (Year)

★ PLEASE ALLOW ADDITIONAL TIME FOR PROCESSING WHEN REQUESTS ARE HELD FOR DEGREE AND/OR GRADES

[] SAME DAY Request - \$30.00 per transcript. In- person service only. CASH (OR CREDIT) AND CARRY IN-PERSON SERVICE ONLY. STUDENT MUST HAVE PHOTO ID SAME DAY REQUESTS ARE NEVER MAILED NOTE: SAME DAY TRANSCRIPTS ARE STAMPED: "ISSUED TO STUDENT"

[] REGULAR MAILED Request \$10.00 per transcript Please provide complete mailing address(s) on back. REQUESTS ARE PROCESSED AND MAILED OUT WITHIN 7-10 BUSINESS DAYS. NOTE: TRANSCRIPTS THAT ARE MAILED TO STUDENTS ARE STAMPED: "ISSUED TO STUDENT"

[] EXPRESS SERVICE- \$30.00 per transcript Please provide complete mailing address(s) on back. SENT OVERNIGHT DELIVERY VIA UPS OR USPS THE FOLLOWING BUSINESS DAY FROM DATE THE REQUEST IS RECEIVED. INTERNATIONAL DELIVERY IS NOT GUARENTEED OVERNIGHT. REFUNDS CANNOT BE ISSUED IF DELIVERY IS DELAYED DUE TO INCLEMENT WEATHER. NOTE: TRANSCRIPTS THAT ARE MAILED TO STUDENTS ARE STAMPED: "ISSUED TO STUDENT".

REQUEST IN PERSON: Bring this completed form to the Bursar's Office to submit payment.

REQUEST BY MAIL: Mail this form with your check or money order payable to SUNY at Stony Brook. Mailing Address: Stony Brook University, Bursar's Office, P.O. Box 619, Stony Brook, NY 11790-0619. You must allow additional time for mailed requests.

REQUEST BY FAX: Fax to the Bursar's Office at (631) 632-9318. Please note: Once received in the Bursar's Office the payment is processed. The following business day the transcript request is sent to the Registrar's Office for processing according to your request (Regular or Express).

12. USE THIS SPACE FOR SPECIAL INSTRUCTIONS (e.g., sealed envelopes, attachments, etc.)

Empty rectangular box for special instructions.

You must provide a complete address including zip code to ensure that your transcript is deliverable. If you provide an incomplete or incorrect address for Overnight Delivery, you will be subject to additional charges that will be billed to you.

PLEASE PRINT CLEARLY!!!!

Request #1: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #2: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #3: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #4: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #5: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Credit Card Authorization Form

Fax or mail with request.

Students requesting transcripts via fax should attach this Credit Card Authorization Form.

Student Name: _____

Card Holder Name (if different): _____

Stony Brook Identification number: _____

Credit Card (check one): American Express Visa MasterCard Discover

Card Number: _____

Exp. Date: _____

CVV2 code (last three digits on the back of credit card): _____

Total Amount \$ _____

Card Holder Signature: _____