TRANSCRIPT REQUEST

Last Name First Name Middle Initial

Former Name (if applicable)

Mailing Address

City State Zip Code

Daytime Phone Number Home Phone Number

FLCC Student ID or SSN Dates Attended

NO. OF COPIES REQUESTED: _____ OFFICIAL COPY (Enclose **$5 per copy**) _____UNOFFICIAL COPY (no charge)

SEND TRANSCRIPT TO:

Institution: _____

Office: _____

Street Address: _____

_____

City State, Zip: _____

Additional address spaces available on reverse side of this form

Instructions: ☐ Send Immediately ☐ Send at End of Term

☐ Send After Grade Change ☐ Send after Posting of Degree

NOTE: *Checks or money orders should be made payable to FLCC. Please do not send cash.*

I authorize Finger Lakes Community College to release my academic transcript to the address listed above and I agree to pay the total amount due for this transcript request.

_____ _____

SIGNATURE **DATE**

Mail or fax with required fees to:

Finger Lakes Community College
Registrar's Office
3325 Marvin Sands Drive
Canandaigua, NY 14424
Telephone: 585-785-1622
Fax: 585-394-0635

FOR OFFICIAL USE ONLY:

Amount Paid:_____ Receipt #: _____

Date receipted: _____By:_____

Date sent: _____ By: _____

Finger Lakes Community College

Office of the Registrar, 3325 Marvin Sands Drive, Canandaigua, NY 14424-8395
Tel: 585-785-1622 ~ Fax: 585-394-0635

TRANSCRIPT REQUEST - CREDIT CARD PAYMENT AUTHORIZATION

Print Student's Name: _____ _____ _____
Last *First* *Middle*

FLCC ID No.: ☐☐☐☐☐☐☐ *OR* **Student's Soc. Sec. No:** ☐☐☐ ☐☐ ☐☐☐☐

No. of Transcript Copies Required _____ Total Amount: $_____($5 per copy)

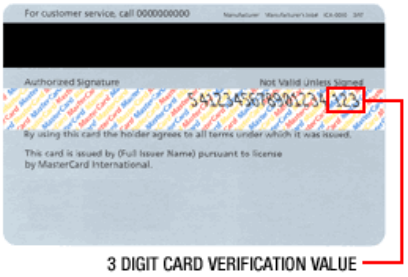
Please check one: ☐ *Discover Card* ☐ *Master Card* ☐ *AmericanExpress* ☐ *Visa*

Credit Card No.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date: ☐☐ ☐☐
Month *Year*

Enter your 3 or 4 Digit Card Verification Value that appears on your Credit Card *(see example below)* ***(Required)*** **:** ☐☐☐☐

VISA, MASTERCARD, DISCOVER



AMERICAN EXPRESS

Print Cardholder's Name: _____ _____ _____
Last *First* *Middle*

Credit Cardholder's Address *(where you receive your credit card statements)*:

_____
Street Address or P. O. Box

_____ _____ ☐☐☐☐☐
City *State* *Zip Code*

Cardholder's Telephones:

Day ☐☐☐ ☐☐☐ ☐☐☐☐ Evening ☐☐☐ ☐☐☐ ☐☐☐☐

By signing below, I agree to pay the above-mentioned total amount. I acknowledge that I have read and understand the statements and policies as set in the FLCC Catalog.

X _____ _____
Cardholder Signature ***Date***

FOR OFFICIAL USE ONLY: Amount Paid:_____ Receipt #: _____ Date receipted: _____By:_____