HOBART AND WILLIAM SMITH COLLEGES

Office of the Registrar
300 Pulteney Street
Geneva, New York
14456-3396

# ACADEMIC TRANSCRIPT REQUEST
## Alumni & Former Students - prior to 1989

**Check One:**

- ☐ **Alumni - prior to 1989 ($6 per transcript)**
- ☐ **Former Student - prior to 1989 ($6 per transcript)**
- ☐ ESSYI Student (no charge)
- ☐ J-1 Student (no charge)
- ☐ Student participating in Study Abroad Program (no charge)

**Instructions:**

- **Complete separate request form for each individual.**
- **Be sure to sign as the request cannot be processed without your signature.**
- **Please print.**

*Please check one:*
☐ Hobart
☐ William Smith

1. Transcripts issued directly to students are stamped "This Official Transcript issued Directly To The Student."
2. There is a $6 charge for each official transcript. Please send check or money order *(made payable to Hobart and William Smith Colleges)* to: Student Services Coordinator, Office of the Registrar, Hobart and William Smith Colleges, 300 Pulteney Street, Geneva, New York 14456-3397. PHONE # (315) 781-3651

**Student Information:**

Name _____ _____
Last First Middle Student S.S. # (last 4 digits)

Date of Birth:_____

Address (Number and Street)_____

City, State, Zip _____

Contact Phone #_____Contact E-mail Address _____

**Transcript to be sent to:** (requester is responsible for correct and legible information, please print)

Please send_____transcript(s) to the address below.
Be sure to include all pertinent information: attention to person and/or office receiving transcript and complete mailing address.

_____

_____

_____

_____

**Check appropriate box and sign for authorization:**

- ☐ Years attended: From_____To_____
- ☐ Graduated: Degree_____Year_____
- ☐ I attended under another name:
- ☐ Previous Name_____

**I authorize the issuance of my transcript as indicated on this form.**

*Student Signature*

_____

Date_____

*For Registrar's use only*

Total Fees Due_____Amount Paid_____Date Received_____Check Money Order No Charge