

OFFICIAL TRANSCRIPT REQUEST

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

IF YOU ARE HAVING SOMEONE OTHER THAN YOURSELF PICK UP YOUR TRANSCRIPT, YOU MUST GIVE THEM WRITTEN AUTHORIZATION. THE PERSON PICKING UP THE TRANSCRIPT WILL NEED TO SHOW PHOTO IDENTIFICATION.

NAME OF AUTHORIZED INDIVIDUAL TO PICKUP OFFICIAL TRANSCRIPT _____

YOUR SIGNATURE _____

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. Your telephone number(s) Daytime: () _____ Email _____

6. Your current address: _____

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

8. Transcript Information (Pick one): Undergraduate Graduate Both

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 Year: _____ Term: _____ (e.g., Fall, Spring, Summer Term I or Term II) **


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 Degree: _____ (e.g., B.A., B.S., M.A., M.S., Ph.D.)


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

12. (Indicate next to the type of request you are making the number of transcripts you need.)

Number of Transcripts:

_____  **SAME DAY Request** – \$20.00 per transcript. Your request must be received **before 3:00PM**. **THIS IS A CASH AND CARRY IN-PERSON SERVICE ONLY. REQUEST MUST BE MADE IN PERSON.** ****WE DO NOT MAIL OR EXPRESS SERVICE SAME DAY REQUESTS****. **NOTE: TRANSCRIPTS THAT ARE PICKED-UP ARE STAMPED: "ISSUED TO STUDENT"**

If ordering a SAME DAY Request, do not fill in any additional information.

_____  **REGULAR MAILED Request** \$5.00 per transcript Please provide **complete mailing address(s)** on back. **MINIMALLY, YOUR REQUEST WILL BE PROCESSED WITHIN 7-10 BUSINESS DAYS.** DURING PEAK MONTHS -DECEMBER, JANUARY, MAY, JUNE - PLEASE ALLOW UP TO 10-15 BUSINESS DAYS **NOTE: TRANSCRIPTS THAT ARE MAILED TO STUDENTS ARE STAMPED: "ISSUED TO STUDENT"**

_____  **EXPRESS SERVICE**– \$20.00 per transcript Please provide **complete mailing address(s)** on back. **TRANSCRIPTS ARE MAILED THE FOLLOWING BUSINESS DAY AFTER REQUEST IS RECEIVED** **NOTE: TRANSCRIPTS THAT ARE MAILED TO STUDENTS ARE STAMPED: "ISSUED TO STUDENT"**

Students who wish to provide credit card information when requesting transcripts should attach a Credit Card Authorization Form (see below).

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).

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

If you **have both an undergraduate and a graduate** Stony Brook Transcript and wish only one or the other be sent, **indicate which one you want sent on question # 8.**

***YOUR REQUEST WILL BE PROCESSED WITHIN 7 - 10 BUSINESS DAYS.
DURING OFFICE PEAK TIMES, YOUR REQUEST COULD TAKE 10-15 BUSINESS DAYS.***

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.

Request #1:

Name and address to which transcript(s) should be sent; (print or type clearly.) Number of transcripts to be sent with this request: _____

NAME OF INDIVIDUAL WHO TRANSCRIPT IS BEING SENT TO: _____

C/O (office): _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____ - _____

Request #2:

Name and address to which transcript(s) should be sent; (print or type clearly.) Number of transcripts to be sent with this request: _____

NAME OF INDIVIDUAL WHO TRANSCRIPT IS BEING SENT TO: _____

C/O (office): _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____ - _____

Request #3:

Name and address to which transcript(s) should be sent; (print or type clearly.) Number of transcripts to be sent with this request: _____

NAME OF INDIVIDUAL WHO TRANSCRIPT IS BEING SENT TO: _____

C/O (office): _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____ - _____

Request #4:

Name and address to which transcript(s) should be sent; (print or type clearly.) Number of transcripts to be sent with this request: _____

NAME OF INDIVIDUAL WHO TRANSCRIPT IS BEING SENT TO: _____

C/O (office): _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____ - _____

Request #5:

Name and address to which transcript(s) should be sent; (print or type clearly.) Number of transcripts to be sent with this request: _____

NAME OF INDIVIDUAL WHO TRANSCRIPT IS BEING SENT TO: _____

C/O (office): _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____ - _____

Credit Card Authorization Form
(Fax (631-632-9318) or mail with request.)

Students who wish to provide credit card information when requesting transcripts should attach this Credit Card Authorization Form. Be sure to include your AMEX, VISA, MC or Discover card number, expiration date, type of card, and YOUR SIGNATURE as approval to charge your credit card. Fax requests are handled in the same manner as mailed requests. They are not given any priority when processing.

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): _____

Card Holder Signature: _____