Print

Please complete the following items, print the form, sign and date it at the bottom, and send it by mail or fax. Fax requests receive the same priority as requests received by mail on the same day. Transcript requests are processed in the order in which they are received. Special handling is accorded requests with upcoming deadlines.

Address:
Syracuse University Transcript Office
109 Steele Hall
Syracuse, NY 13244-1120

Fax number: (315) 443-7994

Phone: (315) 443-2422

We ask for a daytime contact number below. Please keep in mind that our office hours are 8:30 AM to 5:00 pm E.S.T. during the school year and 8:00 AM to 4:30 pm E.S.T. during the summer. The number should be one at which you can be reached during these hours. If you have more than three destinations, please print and attach them on additional pages.

Current name

Any and all prior names

Date of birth

Social Security Number **(and / or)** SU ID number

SSN

SUID

The total number of copies needed

MAILING ADDRESS IS REQUIRED WE DO NOT SEND TRANSCRIPTS OUT BY FAX.

Please attach additional destinations to a second page.

Your Contact Info

A daytime phone number and return address. Email address, if contact by email is preferred.

Number of copies to you

Phone

E-mail

Name and address

Destination 1

Number of Copies

Name and/or address

Destination 2

Number of Copies

Name and/or address

Destination 3

Number of Copies

Name and/or address

Any special handling: forms that must be included, need for sealed envelopes, etc.

Any applicable deadlines - Please be specific. ASAP is not a deadline.

Signature and Date