



# ACADEMIC RECORD TRANSCRIPT REQUEST

STUDENT ACHIEVEMENT SERVICES | OFFICE OF THE REGISTRAR

Potsdam Campus: Box 5575, Potsdam, NY 13699-5575 | (315) 268-6451

Capital Region Campus: 80 Nott Terrace, Schenectady, NY 12308 | (518) 631-9835

Union Graduate College alumni with records prior to July 17, 2003 should contact [Union College](#) for transcripts.

Clarkson University has partnered with [Parchment](#) to order and send your electronic transcript securely. You can also order hard-copy transcripts online through Parchment. If you prefer not to order online, please fill out this form entirely and return to:

Student Achievement Services · 10 Clarkson Avenue - Box 5575 · Potsdam, NY 13699-5575

Or (Fax) 315-268-6452

Or [sas@clarkson.edu](mailto:sas@clarkson.edu)

## Student Information

Current Full Name \_\_\_\_\_ Former Name (if applicable) \_\_\_\_\_

or

Student ID Number \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ Program/Major (recommended) \_\_\_\_\_

Phone Number (required) \_\_\_\_\_ Email Address \_\_\_\_\_ Years of Attendance (ex: 2001-2005) \_\_\_\_\_

Check here if you are requesting a Union Graduate College transcript

## Transcript Delivery Options & Service Fees

### Delivery Method

In-office pick-up (ID required, Potsdam campus only)

Standard mail

\*Priority mail

Must be received by **10:00am** for same-day processing

\*Priority Express mail

Must be received by **10:00am** for same-day processing

### Service Fee

-

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\$10.00

\$30.00

Total number of transcripts requested: \_\_\_\_\_ (limit 5)

Total fee (due now): \_\_\_\_\_

\*Priority and Priority Express available for domestic mail only. Please contact SAS if you need rush service to an international address.

Attn: \_\_\_\_\_

Hold for current term grades

Address: \_\_\_\_\_

Hold for degree certification

\_\_\_\_\_

Other:

\_\_\_\_\_

## Release Authorization

The Family Educational Rights & Privacy Act of 1974, Public Law 93-380, Section 483 requires the written consent of the student before any information, other than directory, can be released. By my signature on this form, I am requesting that Clarkson University furnish an academic transcript to the recipient listed.

Student Signature (typed names are not accepted) \_\_\_\_\_

Date \_\_\_\_\_

## Payment Method for Rush Service

Cash or Check (enclosed)

Credit Card\*

Type:  MasterCard  Visa  Discover

Credit Card Billing Address (MUST include Zip Code)

Card Number

CVV

Exp (mm/yy)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (credit cards only)

Date

\*We strongly recommend that you do not send sensitive personal information (such as social security number) via email. For secure electronic ordering, please use [Parchment](#).