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 electronic transcript securely. You can also order hard-copy transcripts online through Parchment. *Current students, and recent alumni that are within one year of graduation, who prefer not to order through parchment, 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

Student Information

Current Full Name _____ Former Name (if applicable) _____

Student ID Number _____ or 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		**Service Fee**
☐ In-office pick-up (ID required, Potsdam campus only)		-
☐ Standard mail domestic/international		$10.00/$33.00
☐ [+]Priority mail	Must be received by **10:00am** for same-day processing	$20.00
☐ [+]Priority Express mail	Must be received by **10:00am** for same-day processing	$34.00

***Total number of transcripts requested:** _____ *(limit 5 per form request)*

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

Attn: _____
Address: _____

☐ Hold for current term grades
☐ 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*

Credit Card Billing Address (MUST include Zip Code)

_____

_____

_____

_____

Type: ☐ MasterCard ☐ Visa ☐ Discover

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.