

SKIDMORE COLLEGE

University Without Walls

Transcript Request

Last Name:

First Name:

M.I.:

Name When Attending:

Date of Birth:

Phone #:

Email:

Transcript Recipients:

1st Recipient:

Number of copies:

Name:

Dept:

Address 1:

Address 2:

City: State: Zip:

Country:

Special Instructions:

2nd Recipient:

Number of copies:

Name:

Dept:

Address 1:

Address 2:

City: State: Zip:

Country:

Special Instructions:

3rd Recipient:

Number of copies:

Name:

Dept:

Address 1:

Address 2:

City: State: Zip:

Country:

Special Instructions:

4th Recipient:

Number of copies:

Name:

Dept:

Address 1:

Address 2:

City: State: Zip:

Country:

Special Instructions:

Student's Signature

Date

**Completed request form may be sent via mail, fax,
or scan and send as an email attachment to:**

Office of the Registrar

Skidmore College

815 N Broadway

Saratoga Springs, NY 12866

Phone: 518-580-5716 - Fax: 518-580-5749

Questions? Email: tranreq@skidmore.edu

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