SKIDMORE COLLEGE
University Without Walls
Transcript Request

Last Name:                                                      First Name:                                M.I.
Name When Attending:
Date of Birth:                                                  Phone #:                                    Email:

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_______________________________________________________________________           _______________________
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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