

# SKIDMORE COLLEGE

Masters of Arts in Liberal Studies

Transcript Request

**Last Name:**

**First Name:**

**M.I.:**

**Name When Attending:**

**Date of Birth:**

**Phone #:**

**Email:**

---

## Transcript Recipients:

**1<sup>st</sup> Recipient:**

Number of copies:

Name:

Dept:

Address 1:

Address 2:

City: State: Zip:

Country:

Special Instructions:

**2<sup>nd</sup> Recipient:**

Number of copies:

Name:

Dept:

Address 1:

Address 2:

City: State: Zip:

Country:

Special Instructions:

**3<sup>rd</sup> Recipient:**

Number of copies:

Name:

Dept:

Address 1:

Address 2:

City: State: Zip:

Country:

Special Instructions:

**4<sup>th</sup> 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](mailto:tranreq@skidmore.edu)

Updated July 2018