

OFFICIAL TRANSCRIPT REQUEST FORM

Please send this form to each college or university you have previously attended. Do not return this form to Keuka College for processing. Write clearly. Duplicate this form if you attended more than one institution.

NOTE: Your previous college or university may charge you a fee for the transcript request. To avoid delays, please contact the college/university to inquire about the appropriate fee to enclose with this transcript request form.

Name: _____

Address: _____

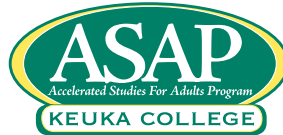
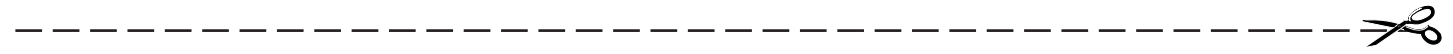
Name While Attending: _____

Social Security Number _____ Period of Time Attended: _____

By signing the bottom of this form, I authorize the release and mailing of my official transcript directly to Keuka College at the address below:

Center for Professional Studies
1 Keuka Business Park, Penn Yan, N.Y. 14527

Student's Signature: _____



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