



**Unofficial Transcript Request Form**

**Please mail the completed form with a check, cash, or money order payable to UNION COLLEGE to:**

**Union College  
Office of the Registrar  
Attn: Susan Pascazio  
807 Union Street  
Schenectady NY 12308**

Current Name \_\_\_\_\_ Class Year \_\_\_\_\_ Date \_\_\_\_\_

*Please indicate level:* Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_

Former Name while attending school \_\_\_\_\_

ID# or SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mail to: \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *(Authorizing us to release your transcript)*  
\$ 2.00 per copy No. of Copies \_\_\_\_\_  
**\$ 2.00 extra for sending by fax**

Fax to: \_\_\_\_\_

Fax number: \_\_\_\_\_

Phone # and/or email where you can be reached  
\_\_\_\_\_

(For office use only)

Date Sent \_\_\_\_\_ Paid \_\_\_\_\_  cash \_\_\_\_\_ check # \_\_\_\_\_