Trocaire College
360 Choate Avenue
Buffalo, NY 14220
(716) 826-1200 Fax: (716) 828-6107
www.trocaire.edu

TRANSCRIPT REQUEST FORM

PLEASE PRINT CLEARLY

First Name **MI** **Last Name**

Social Security Number **Date(s) Attended**

Previous Name(s) Used (Maiden Name, Previous Marriage, etc.)

Current Address

City **State** **Zip Code**

Phone Number

Student Signature **Date**

Official transcripts are $5.00 each (credit cards require a $10.00 minimum charge). Transcripts are mailed out on Tuesday and Thursday each week. Transcripts will not be done on the spot. Requests for official transcripts must be mailed or delivered in person; faxed copies will be accepted with credit card payment only.

Please Check One:	**I Request:**
q Send Immediately	q Official Copy -- Mailed to Institution
q Hold for Final Grades	q Official Copy -- Issued to Student in Sealed Envelope
q Hold for Graduation Notation	q Unofficial Copy -- NO FEE
q Student Pick Up -- Picture ID Required	

Please Mail Transcript(s) to:

Address: _____

_____

_____

_____

RECORDS OFFICE USE ONLY

_____

Date Completed

_____

Completed By