

Transcript Request Form

Office of the Registrar, 232 Capen Hall, Buffalo NY 14260, 716.645.5698

This form may only be used for students who last attended prior to Spring 2011. Students attending Spring 2011 and after must submit transcript requests via their HUB Student Center at <http://myub.buffalo.edu>. **Paper requests for students attending Spring 2011 and after will not be processed.**

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Person Number (or last 4 digits of SSN)	<input type="text"/>	Email	<input type="text"/>		
DOB	<input type="text"/>	Former Name (if applicable)	<input type="text"/>		
Daytime Phone	<input type="text"/>	First Semester of Attendance	<input type="text"/>	Last Semester of Attendance	<input type="text"/>

Official copies of your University transcript can be requested when a stamped and sealed copy of your academic record is required. Requests for official transcripts require the signature of the student/alumnus requesting the transcript. There is no cost to request a transcript. The Schools of Law, Medicine, and Dental Medicine maintain their own academic records and transcript requests.

If you have outstanding financial obligations to the University (Student Accounts, Parking and Transportation, library fines or breakage fees) we cannot fulfill your transcript request.

Send Transcript to:

Mail to self (You MUST enter your address below. Submitting an address on this form WILL NOT change your address for University communication, including billing. Please submit an Address Add/Change form, available at <http://registrar.buffalo.edu> to change your address.)

Name	<input type="text"/>	Company/Office	<input type="text"/>		
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
				Country (if not US)	<input type="text"/>

I have attached a UPS label to expedite my request (for instructions, please see <http://registrar.buffalo.edu/transcripts/index.php>)

I participated in a UB Study Abroad Program

TRANSCRIPTS CANNOT BE RELEASED WITHOUT YOUR SIGNATURE. PLEASE PRINT AND SIGN THIS FORM, AND SUBMIT TO THE OFFICE OF THE REGISTRAR VIA EMAIL AT REG-TRANSCRIPTS@BUFFALO.EDU OR FAX: 716.645.7762

I authorize the release of my transcript.

Student Signature	<input type="text"/>	Date	<input type="text"/>
-------------------	----------------------	------	----------------------

For Office Use Only

Registrar's Office Action	<input type="text"/>	Completed by	<input type="text"/>
---------------------------	----------------------	--------------	----------------------