



ACADEMIC RECORD TRANSCRIPT REQUEST

STUDENT ADMINISTRATIVE SERVICES

Questions? Call **315-268-6451** (Potsdam Campus) or **518-631-9910** (Capital Region Campus)

No transcript will be prepared for anyone whose financial obligations to the University have not been met.

Union Graduate College alumni with records prior to July 17, 2003 should contact [Union College](#) for transcripts.

Student Information

Current Full Name _____ Former Name (if applicable) _____

Student ID Number _____ or Social Security Number* _____ Program/Major (recommended) _____

Phone Number (required) _____ Email Address _____ Years of Attendance (ex: 2001-2005) _____

Check here if you are requesting a Union Graduate College transcript

Transcript Delivery Options & Service Fees

Student Administrative Services issues official Clarkson University academic transcripts in paper copy. Official eTranscripts can be requested through Parchment, and current students can view their unofficial academic transcript through myCU. More information and ordering instructions for eTranscripts can be found on [our website](#).

Delivery Method

In-office pick-up (ID required) Potsdam, NY Schenectady, NY

Standard mail

*Priority mail Must be received by **10:00am** for same-day processing

*Priority Express mail Must be received by **10:00am** for same-day processing

Service Fee

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\$7.00

\$25.00

Total number of transcripts requested: _____ (limit 5) Total fee (due now): _____

*Priority and Priority Express available for domestic mail only. Please contact SAS if you need rush service to an international address.

Attn: _____

Hold for current term grades

Address: _____

Hold for degree certification

Other:

Release Authorization

The Family Educational Rights & Privacy Act of 1974, Public Law 93-380, Section 483 requires the written consent of the student before any information, other than directory, can be released. By my signature on this form, I am requesting that Clarkson University furnish an academic transcript to the recipient listed.

Student Signature (typed names are not accepted) _____ Date _____

Payment Method for Rush Service

Cash or Check (enclosed) Credit Card*
Credit Card Billing Address (MUST include Zip Code)

Type: MasterCard Visa Discover

_____ _____ _____
Card Number CVV Exp (mm/yy)

Signature (credit cards only) _____ Date _____

Return form to:

Potsdam Campus: 10 Clarkson Avenue - Box 5575, Potsdam, NY 13699-5575 | (Fax) 315-268-6452 | sas@clarkson.edu

Capital Region Campus: 80 Nott Terrace, Schenectady, NY 12308 | (Fax) 315-268-2321 | crctranscripts@clarkson.edu

*We strongly recommend that you do not send sensitive personal information (such as social security number) via email. For secure electronic submission, please use <https://filedrop.clarkson.edu> and send to the email address associated with your campus