

Tompkins Cortland Community College – Transcript Request

Please allow 4 to 5 business days for processing.

Student ID: _____ and/or SSN: _____

Last Name: _____ First Name: _____

Former Names(s): _____ E-mail Address: _____

Address: _____

Phone number: _____ Date of birth: _____

Approx dates of attendance: _____

Send my transcript to:

College or University/
Business/Person: _____

ATTN/Department/Office: _____

Street Address/PO Box: _____

City: _____ State/Province: _____ Zip Code: _____

Country (if not USA) _____

I give permission for my transcript to be sent to the above address. Any changes to this request must be made in writing or through myInfo.

Date: _____ Signature: _____

Transcripts ordered with this form are \$15 each

Method of Payment: Check ___ Money Order ___ Credit Card ___

Payable to: **Tompkins Cortland Community College**

To pay by credit card complete the following: ___ MasterCard ___ Visa ___ Discover

Credit Card #: _____ Exp. Date: _____

Cardholder Name (print as appears on card)

Address of Cardholder (where you receive your credit card statements)

Street Address or PO Box _____

City: _____ State : _____ Zip: _____

Cardholder Phone(s): (home) _____ (cell) _____

Cardholder Email: _____

Cardholder Signature: _____

Send the completed form with payment to:

Academic Records, Transcript Clerk
Tompkins Cortland Community College
170 North St, PO Box 139
Dryden, NY 13053-0139

Fax: 607-844-6550