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TRANSCRIPT
REQUEST FORM

Buffalo State
State University of New York

International Graduate Programs for Educators • 430 C South Wing • 1300 Elmwood Ave. • Buffalo, NY 14222 • FAX: (716) 878-6809 • intlearning@buffalostate.edu

To the Registrar of _____
College/University

Please attach this form to the transcript requested and send it to the student at the address indicated below in a sealed envelope with your stamp across the seal. The student will forward your sealed envelope to the International Graduate Programs for Educators office with other application materials. Your assistance in this process is appreciated. Please note that this student may be under a deadline to provide this transcript. Thank you.

Transcript of: _____ Social Security no.: _____
Your last name, first name, former name

Years attended: _____ to _____ Degree received: _____
Month/Year   Month/Year

Current name and address: _____

Student signature: _____ Date: _____