DEADLINE:

_____

HOBART AND WILLIAM SMITH COLLEGES

Office of the Registrar
Geneva, New York 14456-3397

Number of Transcripts Ordered

ACADEMIC TRANSCRIPT REQUEST

Instructions:

1. Complete separate request form for each individual. Be sure to sign as the request cannot be processed without your signature
2. Print: press firmly.

1. Transcripts issued directly to students are stamped "This Official Transcript issued Directly To The Student."
2. Transcripts that are used to obtain transfer credit from another college or university cannot be handdelivered. They must be mailed directly to the other institution by the Office of the Registrar.
3. There is $5 charge for each transcript. Please send check or money order to: Transcript Clerk, Office of the Registrar, Hobart and William Smith Colleges, Geneva New York 14456-3397. Current students may have transcript fees billed to their student account. FAX # 315-781-3920 PHONE # 315-781-3649

Name _____ Student I.D. # or S.S. # _____
Last First Middle

HWS Box # _____ Address _____
Number and Street

HWS Phone # _____

_____
City State Zip Code

Check appropriate box and sign authorization:

- ☐ Years attended _____
- ☐ Currently enrolled
- ☐ Graduated _____ _____
  Degree Year
- ☐ Hold for current term grades
- ☐ Hold for degree certification
- ☐ Hold for change of grade
  Term _____ Course no. _____
- ☐ I attended before September 1989
- ☐ I attended under another name
  Previous Name _ _

Reason for Transcript Request:

- ☐ Possible transfer
- ☐ Other _____

For Registrar's use only

Previous Balance Due	_____
Total Fees Due	_____
Amount Paid	_____
Date Received	_____
Balance Due	_____

Authorization

I authorize the issuance of my transcript as indicated on this form.

_____ _____
Student Signature Date

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This form will be used in a window envelope. The requester is responsible for correct and legible information.

Please send _____ transcript(s) to the address below;
(Please complete mailing address within space provided. Print clearly)

_____

_____

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