

Transcript Request Form

Binghamton University
Registrar's Office
PO Box 6000
Binghamton, NY 13902-6000
Phone: 607.777.6088 Fax: 607.777.6515

Name: _____
Last First MI Maiden/Former (if applicable)

B-Number: _____ or SSN: _____

Day time phone: () _____ Email: _____

Current Mailing Address: _____

Issue this transcript...

- As soon as possible
- After this semester's grades are posted
- After degree is posted

BU Attendance Dates:

Start Date: _____

End Date: _____

University Delinquencies

*This request will not be processed if you have any delinquent debt with the university.
If in doubt, check your records through the BU BRAIN.*

Recipient Name & Mailing Address(es):

**questions regarding recipients and addresses will delay processing - please print clearly*

Number of Copies: _____

Number of Copies: _____

Name: _____

Name: _____

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Attach extra addresses as needed

Signature: _____

Date: _____

This request will not be processed without an original signature