HOBART AND WILLIAM SMITH COLLEGES

Office of the Registrar
300 Pulteney Street
Geneva, New York 14456-3396

ESSYI Student - Non-Matriculated - Entitled to two copies of transcript at no charge.

ACADEMIC TRANSCRIPT REQUEST

Instructions:
- **Complete separate request form for each individual.**
- **Be sure to sign as the request cannot be processed without your signature.**
- **Please print.**

1. **All Transcript Request Forms are processed within 24 - 48 hours of receipt.**
2. Transcripts issued directly to students are stamped "This Official Transcript issued Directly To The Student."
3. Transcripts that are used to obtain transfer credit from another college or university cannot be hand delivered. They must be mailed directly to the other institution by the Office of the Registrar.
4. **Transfers applying through the Common App must supply the Registrar with the Transfer Registrar Report.**

Name _____ _____
Last First Middle S.S. #

Date of Birth: _____

Address (Number and Street) _____

City, State, Zip _____

Contact Phone # _____ Contact E-mail Address _____

Check appropriate box and sign for authorization:

- ☐ Years attended: From_____ To _____
- ☐ Currently enrolled
- ☐ Graduated: Degree_____ Year _____
- ☐ Hold for current term grades
- ☐ Hold for degree certification
- ☐ I attended before September 1989
- ☐ I attended under another name:
  Previous Name_____
- ☐ Enrolled in HEOP/AOP program
- ☐ Enrolled in ESSYI program

Reason for Transcript Request:

- ☐ Transcript used for HWS off campus and exchange programs or scholarships
- ☐ Law School Applicant
- ☐ Health Professions Applicant
- ☐ Possible transfer
- ☐ Other _____

For Registrar's use only

Total Fees Due _____ Date Billed _____
☒ No Charge ☐ Charged to Student Acct.
Amount Paid _____ Date Received _____
☐ Check ☐ Cash ☐ Money Order
Balance Due _____

The requester is responsible for correct and legible information

Please send 2 transcript(s) to the address below. (Please complete mailing address within space provided. **Print clearly**)

_____

_____

_____

_____

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

Student Signature _____ Date _____