



Cornell University

Student and Academic Services
Office of the University Registrar
B07 Day Hall
Ithaca, New York 14853-2801
t. 607.255.4232
f. 607.255.6262

Transcript Request Form

If you do not have a NetID and/or attended Cornell prior to 1982, please fill out the form below and submit your request via postal mail or fax.

Personal Information (All fields are required.)

Name	
Address	
City/State/Zip	
Phone	
Email	
Full name while attending Cornell	
Student ID	
Social Security Number	
Date of Birth	
Dates of Attendance	

Please provide a complete destination address for each transcript. If you need additional space, please add additional sheets. **Please limit your request to 10 copies per order.**

Number of Transcripts Transcript Destination Address

By signing this form, you allow Cornell University to release copies of your official transcript to the above listed recipients.

Signature _____

Date _____

Please send your request to:

Office of the University Registrar
Attn: Transcript Department
B07 Day Hall, Cornell University
Ithaca, NY 14853

OR

Fax: (607) 255-6262