

St. Thomas Aquinas College
Transcript Request Form

Directions:

A separate transcript request form must be used for each recipient.

Transcripts must be either mailed or received in person - we can not fax or email transcripts.

Requests must be made in writing. Federal regulations prohibit processing of transcripts without a written request.

State quantity and the exact mailing address where you want each transcript sent (full name, titles, office, zip code, etc.) Indicate if the request is for a student or official copy.

Enclose \$5.00 per transcript requested (checks should be made out to St. Thomas Aquinas College. No cash.

We are unable to release transcripts without your signature.

A transcript will not be released if you have indebtedness to the College

Date: _____

Social Security/ID #: _____

Date of Birth: _____

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Daytime Telephone: _____

Cellphone: _____

Name while attending STAC: _____

Dates of Attendance: _____

Date of graduation: _____

Are you currently enrolled at STAC? YES _____

NO _____

Do you want your transcript held for end of semester grades? YES _____

NO _____

Signature: _____

Transcripts CAN NOT be released without your signature.

Number of student copies needed: (\$5.00 per copy): _____

Number of official copies requested (\$5.00 per copy): _____

TRANSCRIPT RECIPIENT ADDRESS: (Note : Window envelopes are used. You are responsible for the address.)

Send payment and transcript request to:

Office of the Registrar
Transcript Division
St. Thomas Aquinas College
125 Route 340
Sparkill, NY 10976-1050

OFFICE USE ONLY:

Date received: _____

Transcript sent: _____

Amount paid: _____

Amount due: _____