

Trocaire College
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 Buffalo, NY 14220
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TRANSCRIPT REQUEST FORM

Please Print Clearly

 First Name Middle Initial Last Name

Social Security Number _____ Dates of Attendance _____

Previous Name(s) used _____
 (i.e., maiden name, previous marriage, etc.)

Current Address _____
 No. & Street

 City State Zip Code

Phone Number _____

Email address _____

Would you like your transcript to reflect your current name and address? Yes____ No____
 (copy of government-issued ID such as driver's license, SS card, etc. is required for a name change)

Signature _____ Date _____

Transcript requests are processed on Tuesdays and Thursdays

Please Check One:	I Request:
<input type="checkbox"/> Send Immediately	<input type="checkbox"/> Official Copy – Mailed to Institution
<input type="checkbox"/> Hold for Final Grades	<input type="checkbox"/> Official Copy – Issued to student in sealed envelope
<input type="checkbox"/> Hold for Graduation Notation	
<input type="checkbox"/> Student Pick Up – Picture ID required	<input type="checkbox"/> Unofficial Copy

Mail Transcript(s) to (include address):	Registrar's Office Only
	Date Completed
	Completed By

***Trocaire College does not collect a fee to process your transcript – it is free of charge!**