

Tompkins Cortland Community College – Transcript Request

Please allow 4 to 5 business days for processing.

TC3 Student ID: _____ and/or SSN: _____

First Name: _____ Last Name: _____

Former Name(s): _____ E-mail Address: _____

Address: _____ City, State, Zip: _____

Date of birth: _____ Approx. dates of attendance _____

Phone number (with area code): _____

Send my transcript to:

College or University/
Business/Person: _____

ATTN/Department/Office: _____

Street Address/PO Box: _____

City: _____ State/Province: _____ Zip Code: _____

Country (if not USA) _____

For electronic delivery of transcript in PDF format: recipient's email: _____

I give permission for my transcript to be sent to the above address. Any changes to this request must be made in writing.

Date: _____ Signature: _____

Transcripts ordered with via this form are \$15 each

Method of Payment: Check _____ Money Order _____ Credit Card _____

Payable to: Tompkins Cortland Community College

To pay by credit card complete the following: _____ MasterCard _____ Visa _____ Discover

Credit Card #: _____

Exp. Date: _____

Cardholder Name (print as appears on card)

Address of Cardholder (where you receive your credit card statements)

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____

Cardholder Phone(s): (home) _____ (cell) _____

Cardholder Email: _____

Cardholder Signature: _____

Send the completed form with payment to:
Academic Records, Transcript Clerk
Tompkins Cortland Community College
PO Box 139
Dryden, NY 13053-0139

Fax: 607-844-6550