SKIDMORE COLLEGE
Computer Career Institute
CCI Student Transcript Requests

This transcript request must include the student's signature and may either be mailed or faxed. Fax to 518-580-5749. When filling out transcript recipient information please include address and deadline information. Allow 3 weeks from date of receipt for preparation of the transcript.

First Name   **M. I.**

Last Name   Date of Birth: Will **all** transcripts be sent to the Stud. **Address:** YES   NO

(Maiden)   Phone #:   Number of Transcripts

Email

Address: **2nd Address:**

Attn: Attn:

Street: Street:

 City: State: Zip: City: State: Zip:

3rd Address: **4th Address:**

Attn: Attn:

Street: Street:

City: State: Zip: City: State: Zip:

_____   _____

Your Signature Here   Date

After completing this request form, print, sign, and send **or** fax to:
Office of the Registrar
Skidmore College
815 N. Broadway
Saratoga Springs, NY 12866
Fax: 518-580-5749