



WEST CANADA VALLEY CSD REQUEST FOR OFFICIAL TRANSCRIPT

NAME:	SIGNATURE:
DATE OF BIRTH:	GRADUATION DATE:
ADDRESS:	CITY/STATE/ZIP:

HOW DID YOU APPLY?

<input type="checkbox"/>	COMMON APPLICATION (www.commonapp.org)
<input type="checkbox"/>	SUNY APPLICATION (www.suny.edu)
<input type="checkbox"/>	OTHER (please explain): _____

SELECT ONE OF THE FOLLOWING OPTIONS:

<input type="checkbox"/>	MAIL OFFICIAL TRANSCRIPT TO THE ADDRESS LISTED BELOW
<input type="checkbox"/>	UPLOAD TRANSCRIPT THROUGH ONLINE APPLICATION
<input type="checkbox"/>	FAX TRANSCRIPT TO NUMBER LISTED BELOW
<input type="checkbox"/>	E-MAIL TRANSCRIPT TO ADDRESS LISTED BELOW

MAIL TRANSCRIPT TO:

NAME OF COLLEGE/SCHOLARSHIP/EMPLOYER:
ADDRESS:
CITY/STATE/ZIP:
E-MAIL OR FAX #:

Office Use Only: Date received: _____ Date sent: _____