SUNY Canton Request for Transcript

Office of the Registrar
SUNY Canton
34 Cornell Drive
Canton, New York
13617

315.386.7616
FAX: 315.379.3819
registrar@canton.edu

There is no longer a charge to request a transcript.
Processing time will be 7 business days.

Please Print the following Required* information:

*Name (First, Last)			
*Street			
*City	*State	*Zip Code	*Date of Birth
*Telephone Number	E-mail Address		

*Signature _____*Electronic signatures will not be accepted*

*Maiden Name (Other Name) *Student ID Number

*Dates of Attendance If you attended Mater Dei College, please check here

How many copies of the transcript would you like sent to the address below?

Please Print the exact name and address (including office and zip code) of where you want the transcript sent. (One college per form please.)

*Send to:

*When do you want the transcripts sent?

Now End of the Semester Final Transcript