***Section 52.2 (e)(6) of the Regulations of the Commissioner of Education requires that transcripts of student achievement be maintained permanently by higher education institutions and that copies must be made available to students. When a New York State College closes, it is required to provide for the transfer of student transcripts to another college, or to the New York State Education Department. If the college you attended is still open, the State Education Department does not have your transcripts, you must contact that institution for a copy of your transcript, even if the college has changed locations.***

**If the college you attended has closed, please refer to our** [**web site**](http://www.nysed.gov/college-university-evaluation/closures-degree-granting-institutions) **for information on where student transcripts are maintained. If the NYS Education Department is listed as the location for the student transcripts, you must use this form to request a copy of your transcript. We will search the records that were provided to us by the institution and notify you of the outcome of our search. Processing time for these requests takes an average of 14 business days depending on the volume of requests.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Please Type or Print All Information. Thank you.*** | | | | | |
| **Current Student Name:** | Mr.  Ms.  Mrs.  Miss | |  | | |
| **Student Name at Time of Attendance:** |  | | | | |
| **Last 4 digits of  Social Security Number:** |  | | **Date of Birth:** | |  |
| **Current Home Address:  (include *Street, Apt. #, City, State, Zip Code*)** | |  | | | |
| **E-mail Address:** |  | | **Phone Number:** | |  |
| **College Name:** |  | | | | |
| **College Address: (include *Street, City, State, Zip Code*)** |  | | | | |
| **Title of Program:** |  | | | | |
| **Dates Attended: (from and to)** |  | | **Graduated?** | | Yes  No |
| **I authorize the New York State Education Department to forward my transcript, if available, to the following:** | | | | | |
| **Name of College/Company:** |  | | | | |
| **Name of Contact:** |  | | | | |
| **Address of Contact:** |  | | | | |
| **Email Address of Contact** |  | | | | |
| **Transcript Request** | **Diploma/Degree Request – initial, no duplicate copy   (former students of Taylor Business Institute only)** | | | | |
| **Original Student Signature\*:** |  | | | **Date:** |  |
| **\* *If an individual other than the student is filing this form, an original letter of authorization signed by the student is required due to the confidential nature of these records.*** | | | | | |