

# Farmingdale State College

## Transcript Request – Student Copy

**Your request must contain all information and signature.**

*[please print]*

Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Student ID/RAM Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Dates of Enrollment \_\_\_\_\_

**Current Mailing Address: (we will mail your transcript to the address listed below)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) check here if this is a new address from the one  
on file

Telephone No. \_\_\_\_\_

**I authorize Farmingdale State College to release my unofficial transcripts to the address listed above.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Submit request to Farmingdale State College, Office of the Registrar,  
2350 Broadhollow Road, Laffin Hall, Room 225, Farmingdale NY 11735-1021 via mail or  
in-person; you may also use the after-hours drop box adjacent to the office entrance.  
If you wish to fax your request, you may do so at 631-420-2275.**

**Thank you for your cooperation. Questions may be directed to the Office of the Registrar,  
telephone 631-420-2776, or regoffice@farmingdale.edu.**