

Transcript Request Form

Email: transcripts@stac.edu

OR

Mail: St. Thomas Aquinas College

Attention: Registrar

125 Route 340, Sparkill, NY 10976

Please Print Clearly:

Date: _____

Student ID *or* Last 4 Digits of Social Security Number: _____

Name: _____

Name while attending STAC if different from above: _____

Current Email: _____ Daytime Phone: _____

Current STAC Student? Yes No If no, please indicate last year of attendance: _____

Graduated from STAC? Yes No Graduation Year : _____

Took STAC courses through High School? Yes No

Took STAC courses through West Point? Yes No

Please Provide Complete Mailing Address:

Processing:

College/Business: _____

Process at this Time

Attn: Person/Office: _____

Hold for Current Semester Grades

Street Address: _____

Hold for Graduation Information

City/State: _____

Transcript is being Sent to NYS for

Zip Code: _____

Or: Certification

Please check here if we are mailing the transcript(s) to your home address.

I will pick up my transcript(s). Please email me when they are ready.

Type of Transcript:

Undergraduate Transcript

Number of Copies: _____

Graduate Transcript

Undergraduate & Graduate Transcripts

Official Unofficial

Please Pay Transcript Fee: \$5 Per Copy

Pay Online, Cash, Check, or Money Order.

Last Four Digits of Customer Number # _____

Checks Payable to: **St. Thomas Aquinas College**

By entering my first and last name on the line above, I am effectively providing my signature, indicating that all the information on this form is true and accurate, to the best of my knowledge. *Required*

Please note, a transcript will not be released if you have indebtedness to the college.