

Tompkins Cortland Community College – Transcript Request

Please allow 4 to 5 business days for processing.

Student ID: _____ SSN: _____
Last Name: _____ Address: _____
First Name: _____
Former Names(s): _____ E-mail Address: _____

Send my transcript to:

College or University/
Business/Person: _____

ATTN/Department/Office: _____

Street Address/PO Box: _____

City: _____

State/Province: _____ Zip Code: _____

Country (if not USA) _____

I give permission for my transcript to be sent to the above address. Any changes to this request must be made in writing or through myInfo.

Date: _____ Signature: _____

Send this form to TC3 Academic Records Office for processing:

Mail: Academic Records Office
Attn: Transcript Clerk
Tompkins Cortland Community College
170 North Street, P.O. Box 139
Dryden, NY 13053

Fax: 607.844.6550