

TOMPKINS CORTLAND COMMUNITY COLLEGE
RECORD ACTIVATION REQUEST

I last attended Tompkins Cortland Community College prior to 1986 and request that my records be activated.

Last Name: _____

First Name: _____

Middle Initial: _____

Social Security Number: _____

Date of Birth: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone number: (_____) _____ - _____

Last year attended: 19 _____

Former Name(s): _____

Signature: _____ Date: _____

Please allow 4-5 business days for processing. Your official transcript will be mailed to you at the above address when your records are activated.

Return this form to:

FAX: 607-844-6550

MAIL: Academic Records
Tompkins Cortland Community College
170 North St.
PO Box 139
Dryden, NY 13053-0139