Transcript Request Form

Office of the Registrar Skidmore College Saratoga Springs, NY 12866 Phone: (518) 580-5716

udent:	Lisa Gulotta	Class Year:	1984
ddress:	29B Camino Azul		1904
	Sante Fe NM 87508	Name When Attended:	
	The student named above has requested to be sent to:	he following transcripts of academ	ic record
Inoffici	al Copies: O Official Copies: 1 Se	nt: 6/20/2006 Purpose:	Employment
Recipier	nt: Official Transcript(s) Issued to Student	Mail When: Issu	ed to Student: Y
	% Lisa Gulotta	Now	orm Attached: N
	29B Camino Azul	Misc:	None
	Santa Fe NM 87508	Additional Notes:	Hono
Date Fa	xed: Fax Number:		
Exp Ser	vice: Exp Number:		
nofficia	al Copies: 1 Official Copies: 0 Se	nt: 6/20/2006 Purpose:	Employment
Recipien	nt: Self		ed to Student: N
		Now	
		Misc:	orm Attached: N
		Additional Notes:	None
Date Fa.	ved: For Number	Auditonat Tvotes.	
Exp Ser			
If a	anscripts are normally sent out within a few days of this office to a college, university, agency or busine a self managed application is required, official tran velope if the name and address of the actual recipie	ss, etc. They are issued only at the student's cripts will be issued to the student in a sign	s request
SK Pr	nere is a \$5.00 fee for each official transcript. There cidmore Admissions, University Without Walls Prog cogram, a student copy or faxing a transcript to a re tach and return this part with your payment. Please	ram, External Masters Program, Skidmore cipient or the student. If an amount due sh	e Affiliated
	Lisa Gulotta	Transcript Amt Due:	\$0.00
	Date:	Express Amt Due:	\$0.00
		Life Record Fee Amt Due:	\$0.00
An	nount Refunded (under separate ver - Accounts Payable Dept): \$0.00	Life Record Fee Amt Due: Bill Adjustment:	\$0.00 \$0.00