



1. Stony Brook ID \_\_\_\_\_ 2. Today's Date: \_\_\_\_\_
3. Student Name (please print or type): \_\_\_\_\_  
Last First M.I.
4. Daytime phone number: ( \_\_\_\_ ) \_\_\_\_\_ 5. Year Graduated: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Student Signature (**required to authorize release of transcript**): \_\_\_\_\_

**REQUEST IN PERSON:** Bring this completed form and a check for the total amount of requested transcripts to the School of Dental Medicine, Office of Education, 115B Rockland Hall.

**REQUEST BY MAIL:** Mail this completed form and a check for the total amount of requested transcript to Stony Brook University, School of Dental Medicine, 115B Rockland Hall, Stony Brook, NY 11794-8709.

*If you are not a student or graduate of the School of Dental Medicine you must order your official transcripts by contacting either the Registrar's Office for undergraduate and graduate transcripts <http://www.stonybrook.edu/registrar/transcripts.shtml> or the School of Medicine at (631) 444-2341.*

Attachments to be mailed with transcripts may be sent along with this form by mail, faxed to (631) 632-7130, or provided in person. Please contact the Office of Education at (631) 632-5468 with any questions you may have regarding transcript requests.

**Make checks payable to SUNY at Stony Brook.**

7. Please enter the address(es) where you would like your transcript sent and the service level requested:

You must provide a complete address including zip code to ensure that your transcript is deliverable.

**Request # 1:** Number of transcripts to be sent to this address: \_\_\_\_\_

Regular Mail (\$10 fee per transcript)  Express (\$30 fee per transcript)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Instructions (attachments, etc.): \_\_\_\_\_

**Request # 2:** Number of transcripts to be sent to this address: \_\_\_\_\_

Regular Mail (\$10 fee per transcript)  Express (\$30 fee per transcript)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Instructions (attachments, etc.): \_\_\_\_\_

**Request # 3:** Number of transcripts to be sent to this address: \_\_\_\_\_

Regular Mail (\$10 fee per transcript)  Express (\$30 fee per transcript)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Instructions (attachments, etc.): \_\_\_\_\_

**Request # 4:** Number of transcripts to be sent to this address: \_\_\_\_\_

Regular Mail (\$10 fee per transcript)  Express (\$30 fee per transcript)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Instructions (attachments, etc.): \_\_\_\_\_