



OFFICIAL TRANSCRIPT REQUEST

Students in the School of Medicine or the School of Dental Medicine must order official transcripts by contacting their school.

School of Medicine at (631) 444-9547; School of Dental Medicine (631) 632-5468.

1. Stony Brook ID _____ Student's Date of Birth _____ Today's Date: _____
(If unknown, provide last 4 digits of SS#)
2. Student Name (print or type): _____
Last First M.I.
3. Telephone number REQUIRED: () _____ Email _____
4. Your signature: (**Students must sign authorizing release of transcript.**) _____

NOTE: Transcripts mailed directly to the student or processed as same day requests will be stamped "Issued to Student." It is the student's responsibility to ensure the receiving institution will accept the transcript with this stamp.

_____ **SAME DAY Request** – \$30.00 per transcript. In- person service only.
Student must have photo ID. Same day transcripts are never mailed.

_____ **EXPRESS SERVICE**– (Paper copy of transcript) - \$30 per transcript (within the US), \$44 (international)
NOTE: Express transcripts cannot be mailed to a Stony Brook Campus address.
Transcripts are mailed the FOLLOWING BUSINESS DAY from the date the request is received. International delivery is NOT guaranteed overnight. Refunds cannot be issued if delivery is delayed due to inclement weather.

_____ **APOSTILLE REQUEST** – (Notarization process on transcript) - \$35.00 per transcript. Please submit the Apostille request form along with this form found on the Registrar's Office website.

REQUEST BY MAIL FOR EXPRESS TRANSCRIPTS ONLY:

Mail this form with your check or money order payable to SUNY at Stony Brook.

Mailing Address: Stony Brook University, Bursar's Office, P.O. Box 619, Stony Brook, NY 11790-0619.

You must allow additional time for mailed requests.

13. USE THIS SPACE FOR SPECIAL INSTRUCTIONS (e.g. attachments, etc.)

PLEASE PRINT CLEARLY

Request #1: Number of transcripts to be sent to this address: _____
Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #2: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #3: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #4: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #5: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #6: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Request #7: Number of transcripts to be sent to this address: _____

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____