

UNOFFICIAL TRANSCRIPT REQUEST

Last Name	First Name	Middle Initial	
Former Name (if applicable)			
Mailing Address			
City	State	Zip Code	
Daytime Phone Number		Home Phone Number	
FLCC Student ID or SS	N		
EASE NOTE: unofficial tran	TRANSCRIPT TO ME VIA THE METHOD scripts are issued only to the student directly. nother college, employer, etc., please request a	If you'd like your academic record sent dire	
	(Please select only one opti	ion)	
□ E-mail:			
□ Fax:			
□ Mail (provide address):	Street Address		
	City State, Zip		
I authorize Finger Lakes Commu	unity College to release my unofficial transcript to me via the	e method I have chosen above.	
S TUDENT'S SIGN (do not type your s		DATE	
Email, Mail or fax to:			
Finger Lakes Community Co	llege FOR	OFFICIAL USE ONLY:	
Student Records Office 3325 Marvin Sands Drive	-		
Canandaigua, NY 14424	Date	sent: By:	
Telephone: 585-785-1675 Fax: 585-394-0635	Comr	nents:	
Email: registrar@flcc.edu			

Nondiscrimination Notice: Finger Lakes Community College does not discriminate based on an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, gender expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.