

Transferring College Credits

Scan the QR code to go directly to each website!

College Spanish, College Italian, College French: Use the link or scan the QR code below to send a transcript.

<https://www.stjohns.edu/academics/office-registrar/request-transcript>



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All College Level Business Classes & College Statistics: Check the link below for information on sending transcripts. You must also complete a paper request form, which is attached.

<http://www.farmingdale.edu/registrar/transcripts.shtml>

Please note that Farmingdale **does not** send transcripts electronically.

The three methods to request a transcript are: by Mail, Fax or in person (They cannot accept transcript requests by email):

Farmingdale State
2350 Broadhollow Road
Att: Registrar's Office
Farmingdale, NY 11735

Fax: 631-420-2275
Phone: 631-420-2776
Office Hours:
Mon-Fri 8:30 am to 4:15 pm



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Pre AP Calc & Calculus 12: Check the link below for information on sending transcripts.

<https://www.sunysuffolk.edu/current-students/registrar/official-transcript.jsp>



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College Oceanography: Check the link below for different ways to send transcripts. Paper request form also attached.

<https://www.stonybrook.edu/commcms/registrar/transcripts/>



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All AP classes that you took an AP exam for: follow the steps from the link below to send scores.

<https://apscore.collegeboard.org/scores/score-reporting/>



OFFICIAL TRANSCRIPT REQUEST FORM

Office of the Registrar
Farmingdale State College
2350 Broadhollow Rd
Farmingdale NY 11735
(631) 420-2776 (phone)
(631) 420-2275 (fax)

Your request must contain *all* information and signature.

Student Data	
Name _____	Maiden Name (if any) _____
RAM Number _____	Date of Birth _____
-or- Social Security Number <u>XXX</u> - <u>XX</u> - _____	Home Phone _____
Permanent (Current) Mailing Address _____ _____	Cell Phone _____

Did you partake in a Study Abroad program while at Farmingdale State College? Yes No

I authorize Farmingdale State College to release my Official Transcripts to the addresses below:

Student's Signature

Today's Date

Please note: Transcripts may only be sent to: (1) Student's Permanent Mailing Address (2) College/University (3) Official Place of Business

Please Indicate COMPLETE Mailing Address in the Spaces Below

Mail to:	Mail to:

Mail to:	Mail to:

Please Allow 5 Business days for processing. Processing time will be extended up to 2 weeks during busy periods.

***We do not Hold transcript request for any reason. If you are waiting for grades, grade changes or posting of your degree, do not submit your request until your academic record is updated. ***

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Farmingdale NY 11735
(631) 420-2776 (phone)
(631) 420-2275 (fax)

Form Instructions

Transcript request may be submitted to Farmingdale State College, Office of the Registrar- Laffin Hall, Room 225, 2350 Broadhollow Road, Farmingdale NY 11735-1021; you may also use the after-hours drop box adjacent to the office entrance. Your requests must contain all information on the first page of this form.

Sample Address:

Farmingdale State College (<i>College name</i>)
Attn: Office of the Registrar (<i>Attention; Department</i>)
Laffin Hall, Room 225 (<i>Room/ Suite</i>)
2350 Broadhollow Road (<i>Street Address</i>)
Farmingdale, NY 11735 (<i>City, State, Zip</i>)

Transcript Fees:

1. Transcript Requests for (5) and under are free of charge.
2. All Transcript requests OVER (5) per request form cost \$5.00 each.
3. Re-sends cost \$5.00 each.

The Office of the Registrar is unable to process any requests for transcripts by those students with a financial obligation to the college. Please ensure that you have cleared any "holds" prior to submitting your transcript requests to avoid delay. The request will be mailed back to you if there is a "hold" on your record.

Official Transcripts requests are processed in chronological order; busy periods require extended processing time. You are responsible for following up with the school or organization where the transcript was sent.

Thank you for your cooperation; questions may be directed to the Office of the Registrar, at (631) 420-2776.

If you wish to fax your request, you may do so at (631) 420-2275.



OFFICIAL TRANSCRIPT REQUEST

★ REQUESTS WILL NOT BE HONORED IF YOUR FINANCIAL ACCOUNT IS NOT CLEAR ★
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) 444-2341; 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.) _____

5. Are you a Health Sciences Center (HSC) Student? [] NO [] YES

6. If you are registered for the semester currently in progress do you want your transcript(s) to be held for this term's grades?
[] NO
[] YES - Term: _____

7. If you anticipate graduating at the end of this semester, do you want your transcripts held for inclusion of your Stony Brook degree?
[] NO
[] YES - Term: _____ [] Undergraduate Degree [] Graduate Degree

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.

[] REGULAR MAILED Request \$10.00 per transcript
Requests are processed and mailed out within 7-10 BUSINESS DAYS.

[] EXPRESS SERVICE- \$30.00 per transcript.
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.

REQUEST BY MAIL: 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.)

[Empty box for special instructions]

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 _____