Long Island Educational Opportunity Center Farmingdale State College – State University of New York

Official Transcript Request

You must provide all the information listed on this form. Incomplete requests will not be filled. PLEASE SUBMIT YOUR completed and signed form as a scanned attachment to an email sent to ricketc@farmingdale.edu and brennam@farmingdale.edu IF YOU DON'T HAVE A SCANNER, you may submit the information in an email sent to ricketc@farmingdale.edu and brennam@farmingdale.edu Please be sure to include in your email all the information requested on this form. Allow 5 business days for processing. We will contact you by phone if we need additional information.

Official transcripts are sent by the LIEOC directly to the college, university, or place of business named on this form. DURING THE COVID-19 (Corona Virus) EMERGENCY IN NEW YORK STATE, ALL OFFICIAL TRANSCRIPTS WILL BE SENT BY THE LIEOC REGISTRAR TO THE END RECIPIENT AS EMAIL ATTACHMENTS.

Student Data PLEAS	E PRINT			
YOUR Name (First Name, Last Name)			Other name you may have used while enrolled at the LIEOC:	
Last 4 of Social Secu	rity No. Your Permanent Mailing Address:			
Date of Birth (mm/	(yyyy)			
Your Phone No.				
Dates of Enrollment	(mm/yy – mm/yy)			
I authorize the Long address(es) listed be	র Island Educational Opportu elow.	nity Center to release my	Official Transcript(s) to the	
Student's Signature	:	!	Date:	
Please provide COI	MPLETE mailing address(es)	in the space(s) below.	PLEASE PRINT	
Email to Name of R	lecipient:			
Name of College, B	usiness, etc			
Office:				
Email address:				
Email to Name of R	Recipient:			
Name of College, B	usiness, etc			
Office:				
Email address:				
Registrar's Assistar	nt Only			
Date Filled	Date Notation to SI	PACMNT	RA's Initials	