

**Buffalo Campus:** 18 Agassiz Circle, Buffalo, NY 14214 Local: (716) 932-2568 • Toll Free: (800) 292-1582 • Fax: (716) 880-2961

**Rochester Campus:** 1880 S. Winton Road, Rochester, NY 14618 Local: (585) 957-9367 • Toll Free: (866) 212-2235 • Fax: (585) 272-0057

## **Official Transcript Release Authorization**

То:	Office of Registrar		
High School/College/University  Location (City & State)			
I give	you the authority to release my o	official transcript to:	
		follege, Adult & Graduate Programs, Admissions Office	
		alo Campus: 18 Agassiz Circle, Buffalo, NY 14214 r Campus: 1880 S. Winton Road, Rochester, NY 14618	
	Nociiestei	Campus: 1880 S. Willion Road, Rochester, Nr. 14016	
Name	2	Date of birth	
Name	e on transcript (if different from above	e)	
Addre			
City		State Zip	
1	)		
Phone		Social Security and/or Student ID Number	
	ntion Registrar's Office: e process this request within 2 weeks	s of receipt. If any difficulties are encountered within this request, please contact: <u>AdultGradAdmissions@medaille.edu</u>	
Stude	ent's Signature	Date	
	A	dult & Graduate Admissions Office Use Only	
	Date requested:	Staff Initials:	