

TRANSCRIPT REQUEST FORM MARIST COLLEGE PLEASE PRINT CLEARLY



	Date:
CWID	Date of Birth:
	Day Phone #:
Street Address:	
City/State/Zip:	·
Number of Copies to be sent:	
Mail Transcripts to: REQUESTER IS RESPONSII	BLE FOR A CLEAR, COMPLETE AND ACCURATE ADDRESS
School/Business or Name:	
Office /Departments	
Street Address1:	
Street Address 2:	
City/State/Zip:	
Attendance at Marist (complete all that apply) Dates of Attendance:	
Currently Enrolled	Not Currently Enrolled
Graduate	Undergraduate
Graduate	

Requests cannot be processed:

• Without the student's handwritten signature

Submit to:

Registrar's Office Marist College 3399 North Road Poughkeepsie, NY 12601

Email: Transcript.Request@marist.edu

Emailed Requests: This form must be filled out, include a handwritten signature and then be scanned and sent via email as an attachment. Photo attachments to an email also suffice.

Please note the following:

- Transcripts cannot be emailed. Email is not a secure form of transmission for transcripts
- Transcripts are not held for the posting of final grades or degree notation. Please submit your request AFTER grades have been posted and/or degree has been conferred.