



# TRANSCRIPT REQUEST FORM

Print and complete form then mail with the appropriate fee to the Registrar's Office.



Please print clearly and legibly

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Complete SSN **IS** required to process request)

Previous Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Copies to be sent: \_\_\_\_\_ (Calculate a fee of \$3.00 per copy.)

**Mail Transcript To: REQUESTER IS RESPONSIBLE FOR COMPLETE AND ACCURATE ADDRESSES**

Name: \_\_\_\_\_

Office/Dept.: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Attendance (check one):

\_\_\_\_\_ Currently Enrolled

\_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate

\_\_\_\_\_ Graduation Date: \_\_\_\_\_

\_\_\_\_\_ Not Currently Enrolled:

Dates of Attendance: \_\_\_\_\_

Transcript Processing Instructions (check one):

\_\_\_\_\_ Do **NOT** hold for grades or notation of degree, send transcript now.

**OR**

\_\_\_\_\_ Hold for current semester grades: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Winter \_\_\_

\_\_\_\_\_ Hold for notation of degree: Month \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_

Student Signature: \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_ (Checks payable to: Marist College)

**Request will not be processed without original student signature and payment included**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Mail To:

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