



TRANSCRIPT REQUEST FORM

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



Student Name: _____ Date: _____

Social Security Number: _____ - _____ - _____ (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: _____

Hold Transcript For (check one):

_____ Do **NOT** hold, send transcript now.

_____ 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 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