



**LEGACY TRANSCRIPT REQUEST FORM
MARIST COLLEGE**



Use this form if you attended Marist College prior to January 1, 1990.

Student Name:

Date:

Date of Birth:

Day Phone #:

Previous/Maiden Name:

Recipient's Email Address:

Attendance at Marist (complete all that apply):

Dates of Attendance:

Graduate (Masters Degree)

Undergraduate (Bachelors Degree)

Graduation Date:

Student Signature:

Requests cannot be processed:

- **Without the student's handwritten signature**
- **Without clearance from Student Financial Services IF a financial hold exists on your record**