TRANSCRIPT REQUEST FORM
MARIST UNIVERSITY
PLEASE PRINT CLEARLY

Student Name: _____ Date: _____

CWID _____ Date of Birth: _____

Previous/Maiden Name: _____ Day Phone #: _____

Street Address: _____

City/State/Zip: _____

Number of Copies to be sent: _____

Mail Transcripts to: **REQUESTER IS RESPONSIBLE FOR A CLEAR, COMPLETE AND ACCURATE ADDRESS**

School/Business or Name: _____

Office/Department: _____

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

☐ Graduation Date: _____:

Student Signature: _____

Requests cannot be processed:

- **Without the student's handwritten signature**

Submit to:

Registrar's Office
Marist University
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.