



# Marymount Manhattan

a college of the liberal arts

## Transcript Request Form

Current Name: \_\_\_\_\_ Maiden/Other names used: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Transcript Type needed:**  Official Sent to Institution  Official Sealed to Student  Student Copy  
**Please Process:**  Now  Hold for End of Current Semester Grades

**REASON FOR TRANSCRIPT REQUEST-(PLEASE CHOOSE BELOW):**

Transferring to Another Institution  Employment  Graduate School  Study Abroad  Scholarship  
 Other: \_\_\_\_\_

**Select Status:**

Former Finch College Student  
 Former MMC Student Semester(s) Attended: From \_\_\_\_\_ To \_\_\_\_\_

Graduation Date (if applicable): \_\_\_\_\_

Presently Attending Start Term:  Fall  Spring  Sum 20 \_\_\_\_ Credits Completed \_\_\_\_\_

**Current students, who have completed 31 credits or less, must see the Office of Academic Advisement before processing can be done on this request.**

\_\_\_\_\_  
 Signature of Academic Advisor Date

**MMC Transcript Policy:**

1. There is a processing fee of \$5.00 for every transcript.
2. **We reserve the right to refuse transcript requests.** Requests will not be processed and will be returned if the request form is incomplete, if the student record reflects a hold, if payment is incorrect, etc.
3. We are not responsible for incorrect addresses or postal delays.

**By signing this form I agree to abide by the above policy.**

\_\_\_\_\_  
 STUDENT SIGNATURE

\_\_\_\_\_  
 DATE

**Office Use:**  Fee Paid Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_

**Send transcript to following address:**

PLEASE PRINT CLEARLY – THIS ADDRESS WILL APPEAR IN A WINDOW ENVELOPE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attn: \_\_\_\_\_