



MarymountManhattan

Transcript Request Form

Current Name: _____ Maiden/Other names used: _____

Social Security Number: _____ Date of Birth: ____/____/____

Daytime Number: () _____ Email Address: _____

Transcript Type needed: Official Sent to Institution Official Sealed to Student Unofficial/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): _____

*Student records that pre-dates MMC's current student information system have been archived. Please allow up to 4 to 5 weeks for file retrieval.

MMC Transcript Policy:

1. There is a processing fee of \$10.00 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

1)Send transcript to following address:

Attn: _____

2)Send transcript electronically to the following institution/college: (Unofficial Transcripts only):

_____@_____

Method of Payment: Visa MasterCard Discover

Credit Card Number

CVV

Expiration Date

Zip Code

Check/Money Order Enclosed: