### Molloy College
OFFICE OF THE REGISTRAR
1000 Hempstead Avenue
P O Box 5002
Rockville Centre, NY  11571-5002

PLEASE PRINT YOUR CURRENT NAME AND ADDRESS:

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<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
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<th>ADDRESS</th>
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<tr>
<th>CITY</th>
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PREVIOUS NAMES/MAIDEN NAME:

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Indicate Dates of Attendance Undergraduate: _____________________
Undergraduate Degrees Awarded: ___________________________

Indicate Dates of Attendance/Graduate: ________________________
Graduate Degrees Awarded: _____________________________

Reason for Request: _______________________________________

- Hold for Final Grades for Semester: _________________________
- Hold for Degree Award notation: __________________________
- Hold for Grade Change (Semester & Course): ________________
- PICK-UP REQUEST (Do not fill out additional mailing information.)
- SEND ___ COPY TO THE NAME & ADDRESS LISTED BELOW:

PRINT________________________________________________________________

THIS FORM WILL BE USED IN A WINDOW ENVELOPE. PLEASE PRINT YOUR INFORMATION LEGIBLY IN THE MAILING WINDOW BOX.

TRANSCRIPT REQUEST FORM

Transcript Fee: A $5.00 fee per copy is charged for all transcripts (official, “student” copies, additional copies) sent to any address or picked-up. If your records are being held for any reason, your request WILL NOT be processed until your records are cleared.

In-person pick-up of your transcript requires proof of identity. If you are having someone else pick-up your transcript, you must give them written authorization, and proof of identity must be shown.

Transcript requests may be mailed or faxed to 516.323.4315. Email requests are not accepted.

Allow 3 – 5 business days to process transcript requests. During peak times more processing time may be required. Official transcripts are mailed in a sealed envelope. Once opened, they are no longer “official”. Due to privacy policies, transcripts are never faxed.

SSN: ________________________________

Student’s Signature (Required)
Date: ________________________________

OFFICE USE ONLY:

| Amount paid: ________________________ |
| Date received: ___________________|
| Cash ____ Check ____ Money Order ____ |
| Pick-up Promise Date: ______________ |
| Processed on: _____________________ |

DISTRIBUTION:
- White - Window Envelope for Mailing
- Yellow - Registrar Copy
- Pink - Alumni Update Copy
- Gold - Student Receipt for In-person

CREDIT CARD AUTHORIZATION FORM FOR TRANSCRIPT REQUESTS

Cardholder’s Name: ______________________________________
Card Number: __________________________________________

VISA ☐ MasterCard ☐ Expiration Date Required: _________

I authorize $_______________ to be charged to the account above.
(Please indicate $5. for each transcript ordered.)

Cardholder’s Signature Required: __________________________

FOR OFFICE USE ONLY (BURSAR):      DATE:    INITIALS: