

**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:**

LAST NAME	FIRST	MIDDLE
ADDRESS		APT.#
CITY	STATE	ZIP CODE

**PREVIOUS NAMES/MAIDEN NAME:**

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** Revised 10/18

**Transcript requests may be mailed or faxed to 516.323.4315. NO EMAIL REQUESTS ACCEPTED.**

**Transcript Fee: A \$5.00 fee per copy is charged for each transcript ordered (official or "student" copies). Your request WILL NOT be processed until your records are cleared of any Holds. Include your cell number so we can contact you for any issues with your request.**

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

**Allow 3 – 5 business days to process transcript requests. Official transcripts are mailed in a sealed envelope. Once opened, they are no longer "official".**

**Molloy does not fax or email transcripts.**

**Contact Cell Number:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Student's Signature (Required)**

**Date:** \_\_\_\_\_

<p><b>Office Use only:</b></p> <p>Amount paid: _____</p> <p>Date received: _____</p> <p>Cash _____ Check _____ Money Order _____</p> <p>Pick-up Promise Date: _____</p> <p>Processed on: _____</p> <p><b>DISTRIBUTION:</b></p> <p>White - Window Envelope for Mailing</p> <p>Yellow - Registrar Copy</p> <p>Pink - Student Receipt for In-person</p>
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**CREDIT CARD AUTHORIZATION FORM FOR TRANSCRIPT REQUESTS**

**Cardholder's Name:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**VISA**  **MasterCard**  **Discover** **Expiration Date Required:** \_\_\_\_\_

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

**Cardholder's Signature Required:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY (BURSAR):</b>	<b>DATE:</b>	<b>INITIALS:</b>
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