

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

TRANSCRIPT REQUEST FORM

Revised 6/13

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.

PLEASE PRINT YOUR CURRENT NAME AND ADDRESS:

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

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.

PREVIOUS NAMES/MAIDEN NAME:

| |
|----------------------------|
| PREVIOUS NAMES/MAIDEN NAME |
|----------------------------|

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.

Indicate **Dates of Attendance Undergraduate:** _____
Undergraduate Degrees Awarded: _____

SSN: _____

Indicate **Dates of Attendance/Graduate:** _____
Graduate Degrees Awarded: _____

Reason for Request: _____

Student's Signature (Required)

Hold for **Final Grades** for Semester: _____

Date: _____

Hold for **Degree Award** notation: _____

Hold for **Grade Change** (Semester & Course): _____

OFFICE USE ONLY:

PICK-UP REQUEST (Do not fill out additional mailing information.)

SEND ___ COPY TO THE NAME & ADDRESS LISTED BELOW:

| |
|-------|
| PRINT |
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| |
|--|
| 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 |

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

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: