

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

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 requests may be mailed or faxed to 516.323.4315.

NO EMAIL REQUESTS ACCEPTED.

Transcript Fee: A \$10.00 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 and email so we can contact you.

In-person pick-up of transcripts requires proof of your identity. To designate someone to pick-up for you, they need your signed written consent and must show proof of their identity.

Allow several business days for processing transcript requests. Official transcripts are mailed in a sealed envelope. Once opened, they are no longer "official".

Molloy does not fax or email transcripts. Electronic transcripts are not available yet.

Your Cell Number: _____

Your Email: _____

SSN: _____

Date of Birth: _____

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 - Student Receipt for In-person

Revised 3.15.20

CREDIT CARD AUTHORIZATION FORM FOR TRANSCRIPT REQUESTS

Cardholder's Name: _____

Card Number: _____

VISA MasterCard Discover **Expiration Date Required:** _____

I authorize \$10.00 to be charged to the account above. (Use a separate form for each transcript ordered.)

Cardholder's Signature Required: _____

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