

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

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.

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 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.

PREVIOUS NAMES/MAIDEN NAME:

PREVIOUS NAMES/MAIDEN NAME

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

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

Molloy does not fax or email transcripts.

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

Contact Cell Number: _____

Reason for Request: _____

SSN: _____

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

Date of Birth: _____

Hold for **Degree Award** notation: _____

Student's Signature (Required)

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

Date: _____

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

SEND ___ COPY TO THE NAME & ADDRESS LISTED BELOW:

PRINT

<p>Office Use only:</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>DISTRIBUTION:</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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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

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: _____

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