

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: _____

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

Graduate Degrees Awarded: _____

SSN: _____

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:

Student's Signature (Required)

Date: _____

PRINT

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

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:
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