



TRANSCRIPT REQUEST FORM



Complete form then mail to the Registrar's Office.

PLEASE PRINT CLEARLY

Student Name: _____ Date: _____

CWID or Social Security Number: _____ - _____ - _____ (required for processing)

Previous/Maiden Name: _____ Day Phone #: _____

Complete Address: _____
Street Address City/State/Zip

Number of Copies to be sent: _____

Mail Transcript To: **REQUESTER IS RESPONSIBLE FOR A CLEAR, COMPLETE AND ACCURATE ADDRESS**

School/Business or Name: _____

Office/Department: _____

Street Address: _____

City/State/Zip: _____

Attendance at Marist (complete all that apply):

Dates of Attendance: _____

_____ Currently Enrolled _____ Not Currently Enrolled

_____ Graduate _____ Undergraduate

_____ Graduation Date: _____

Hold Transcript For (check one):

_____ Do **NOT** hold, send transcript now.

_____ Hold for current semester grades: Fall ___ Spring ___ Summer ___ Winter ___

_____ Hold for notation of degree. Month ___ Year ___ Degree ___

Student Signature: _____

Requests can not be processed:

- without the student's original signature
- without clearance from Student Financial Services **IF** a financial hold exists on your record

FOR OFFICE USE ONLY

Date Received: _____

Date Mailed: _____

Mail To:
Registrar's Office
Marist College
3399 North Road
Poughkeepsie, NY 12601