

TRANSCRIPT REQUEST FORM

Signed requests may be submitted in person,
faxed to 317.955.6575, emailed to
regis@marian.edu or mailed to:
Marian University, Office of the Registrar,
3200 Cold Spring Road, Indianapolis, IN 46222

PERSONAL INFORMATION

Name	Social Security Number
Current Address	Date of Birth
City/State/Zip Code	Telephone Number
Previous Names (provide ALL previous last names)	Approximate Dates of Attendance

SIGNATURE: _____ **DATE:** _____
(Student Signature is REQUIRED)

REQUEST DETAILS

Official e-transcripts are now available for \$8.00. Orders for e-transcripts must be submitted via our online ordering system at: <http://marian.edu/current-students/registrar/transcripts>

Type(s) of Transcript(s) Requested:

☐ Official & Sealed Transcript → # of Copies _____ ☐ Unofficial Transcript

OFFICIAL TRANSCRIPTS CAN ONLY BE RELEASED TO THOSE WHO HAVE SATISFIED ALL FINANCIAL OBLIGATIONS TO THE UNIVERSITY.

Processing Type:

Immediate Processing (\$15 immediate processing fee per copy; request form must be received by 3pm EST)

☐ I will pick my transcript up today ☐ Fax (please input fax information below)

Normal Processing (typically 2-3 business days maximum*)

☐ I will pick my transcript up on _____ (\$10 fee per copy)

☐ Mail my transcript to the address(es) below (\$10 fee per copy)

☐ Fax my transcript to the fax number below (unofficial transcripts only; \$10 fee per copy)

Delayed Processing (\$10 fee per copy)

☐ Mail my transcript to the address(es) below **AFTER my FINAL GRADES are recorded** for this term

☐ Mail my transcript to the address(es) below **AFTER my DEGREE is recorded**

Third Party Pick-Up (if applicable): _____
I authorize the person named above to pick up my transcript(s) on my behalf.

* Processing time may be lengthened during periods of registration and grade recording.

ADDRESS FOR TRANSCRIPT #1

ADDRESS FOR TRANSCRIPT #2 (if applicable)

Organization or Name	Organization or Name
Address Line 1 (attn: to a particular office or person)	Address Line 1 (attn: to a particular office or person)
Address Line 2	Address Line 2
City/State/Zip Code	City/State/Zip Code
How many transcripts should be sent to this address? _____	How many transcripts should be sent to this address? _____

FAX INFORMATION (if requesting an unofficial transcript to be faxed)

Organization or Name	Fax Number
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METHOD OF PAYMENT

To pay transcript fees, you may include cash or check. Indicate payment method below:

☐ Cash ☐ Check/Money Order (written to Marian University)

If you wish to pay by credit card, you must submit your transcript request via our online ordering system. Do not submit a paper request form if paying by credit card.

<http://marian.edu/current-students/registrar/transcripts>

OFFICE USE ONLY

Fee Required _____

Amount Paid _____

Amount Due _____

Processed _____