



MarymountManhattan

a college of the liberal arts

Transcript Request Form

Current Name: _____ Maiden/Other names used: _____

Current Address: _____

City, State, & Zip: _____

Social Security Number: _____ Date of Birth: ____/____/____

Daytime Number: () _____ Email Address: _____

Transcript Type needed: ☐ Official Sent to Institution ☐ Official Sealed to Student ☐ Student Copy
Please Process: ☐ Now ☐ Hold for End of Current Semester Grades

REASON FOR TRANSCRIPT REQUEST-(PLEASE CHOOSE BELOW):

☐ Transferring to Another Institution ☐ Employment ☐ Graduate School ☐ Study Abroad ☐ Scholarship
☐ Other: _____

Select Status:

☐ Former Finch College Student
☐ Former MMC Student **Semester(s) Attended:** From _____ To _____

Graduation Date (if applicable): _____

☐ Presently Attending Start Term: ☐ Fall ☐ Spring ☐ Sum 20 ____ Credits Completed _____

Current students, who have completed 31 credits or less, must see the Office of Academic Advisement before processing can be done on this request.

Signature of Academic Advisor

Date

MMC Transcript Policy:

1. There is a processing fee of \$10.00 for every transcript.
2. **We reserve the right to refuse transcript requests.** Requests will not be processed and will be returned if the request form is incomplete, if the student record reflects a hold, if payment is incorrect, etc.
3. We are not responsible for incorrect addresses or postal delays.

By signing this form I agree to abide by the above policy.

STUDENT SIGNATURE

DATE

Office Use: ☐ Fee Paid Date Received: _____ Date Sent: _____

Send transcript to following address:

PLEASE PRINT CLEARLY – THIS ADDRESS WILL APPEAR IN A WINDOW ENVELOPE

Attn: _____