



TRANSCRIPT REQUEST FORM

MADONNA UNIVERSITY
 OFFICE OF THE REGISTRAR
 36600 Schoolcraft Road
 Livonia, MI 48150-1176
 (734)432-5400 Fax: (734)432-5405

IDENTIFYING INFORMATION

| | | | |
|--|-------|--------|---|
| Student ID Number / Social Security Number | | | Birth Date (mm/dd/yy) |
| Last Name | First | Middle | Former Name(s) (If Applicable) |
| Current Street Address | | | If not currently enrolled, last semester attended |
| City | State | Zip | Telephone Number |

SPECIAL INSTRUCTIONS (Check boxes that apply)

I WOULD LIKE TO HAVE MY TRANSCRIPT(S):

HELD - Until Current Semester Grades Posted
 (Allow 1 - 2 Weeks after semester ends)

HELD - Until Certificate/Degree is Posted
 (Allow 2 - 4 Weeks after semester ends)

TRANSCRIPT(S) to be Sent

Mailed to student at above address

Mailed to: Name _____
 Address _____

Faxed to: Name: _____
 Fax #: _____

Picked Up (2-3 Days)

METHOD OF PAYMENT (Check boxes that apply)

Transcripts are \$5.00 per copy. To pay online, use your Campus Web account or go to www.madonna.edu, click on 'Parents/Family' in the right column, select your method of payment (credit card or e-check) and follow the prompts.

Method of Payment: Mailed - check or online payment; In-person - cash, check or online payment; Faxed - online payment

_____ Transcripts @ \$5.00 each

Amount Due: _____

Priority Process (same day) - add \$5.00
 (or Domestic Overnight - add \$25.00)

Check or online payment receipt #: _____

International Mailing - add \$57.00
 (FedEx or DHL 2-3 day)

SIGNATURE REQUIRED: In accordance with FERPA*, Transcripts can be released only upon written authorization by student.

X _____ Date _____
 Student signature authorizing issuance of transcripts

* FERPA: Family Educational Rights and Privacy Act of 1974

FOR OFFICE USE ONLY

| | | |
|------------------|---------------------|-------------|
| Student Billing: | Processed by: _____ | Date: _____ |
| Approved by: | Posted by: _____ | Date: _____ |