# Transcript Request Form

Please return this form with payment to:
Marymount University
Office of the Registrar
2807 N. Glebe Rd.
Arlington, VA 22207-4299
Fax: (703) 516-4505

- [ ] No Fee for Regular Processing Service (Maximum 10 Copies)
- [ ] $10.00/copy Same Day Processing Service
- [ ] Next-Day Delivery ($35 Surcharge per Delivery)

### Student Information:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td></td>
</tr>
<tr>
<td>Former/Maiden Name(s) used at MU</td>
<td></td>
</tr>
<tr>
<td>Student ID or Social Security #</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Current Address</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Dates of Attendance</td>
<td>From: To:</td>
</tr>
<tr>
<td>Year of Graduation</td>
<td></td>
</tr>
</tbody>
</table>

### Order Information:

<table>
<thead>
<tr>
<th>Date of Request</th>
<th>Number of Copies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Mail To:

- [ ] Please check here if you would like to pick up your transcript from the Registrar’s Office. Please bring photo ID with you.

### Special Instructions

- [ ] Send When Degree is Posted
- [ ] Please Update My Address in Your Database
- Send When Current Semester Grades are Posted:
  - [ ] Fall
  - [ ] Spring
  - [ ] Summer

### Student Signature

Student Signature: X

### For Office Use Only

- [ ] Request Processed By
- Date Processed

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Transcript includes all Marymount University coursework.
Do not mail cash. Please fill out a separate form for each mailing address.
Allow five business days for mailing (15 business days at the end of any term).
Any outstanding obligations to Marymount University will delay the processing of your request.
MARYMOUNT UNIVERSITY
CREDIT CARD PAYMENT FORM
FOR SAME DAY PROCESSING TRANSCRIPT REQUESTS ONLY

For payment by credit card, please print and complete
the following form and mail or fax to the Registrar's Office at:
Marymount University
Office of the Registrar
2807 N. Glebe Rd.
Arlington, VA 22207-4299
Fax: (703) 516-4505

Payment Amount Authorized (write the total dollar amount):

$____ Same-Day Processing Transcript ($10.00 per copy)

☐ Next-Day Delivery ($35 surcharge per delivery) Check this box if you authorize
Marymount University charge your credit card $35. Transcript fee included with the
surcharge.

Note: We are unable to ship to P.O. Boxes with Next-Day Delivery

Payment Information:

Name on Card: ____________________________
Billing Address:  
Street: ____________________________
City: ____________________________ State: ________
Zip Code: ________
Credit Card Type: ☐ VISA  ☐ MasterCard  ☐ American Express
Credit Card Number: ____________________________
Expiration Date: ____________________________
Cardholder Signature: ____________________________
Student’s Name: ____________________________
Student ID or Social Security Number: ____________________________
Daytime Phone Number: ____________________________

* Multiple charges due to submissions of this payment form to different offices are nonrefundable *