



# TRANSCRIPT REQUEST FORM

Please return this form with payment to:

Office of the Registrar  
 Marymount University  
 2807 North Glebe Road  
 Arlington, VA 22207-4299  
 Fax: (703) 516-4505

[registrar@marymount.edu](mailto:registrar@marymount.edu)

- No Fee for Regular Processing Service  
 Same Day Processing (\$10.00 per copy)  
 Next-Day Delivery (\$35.00 Surcharge per Delivery)

## STUDENT INFORMATION

<b>Student Name</b>	
<b>Former/Maiden Name(s) used at MU</b>	
<b>Student ID or SSN</b>	
<b>Date of Birth</b>	
<b>Current Address</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Dates of Attendance</b>	From: _____ To: _____
<b>Date of Graduation</b>	

## ORDER INFORMATION

<b>Date of Request</b>		Number of Copies	
<b>Mail To:</b>			
<b>Please fill out a separate form for each mailing address.</b>			
<input type="checkbox"/> I would like to pick up my transcript from the Registrar's Office (photo ID is required for pick-up).			
<b>Special Instructions</b>	<input type="checkbox"/> Send when degree is posted	Send when current semester grades are posted: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
<b>Student Signature</b>			

**Do not mail cash.**

**Transcript includes all Marymount University coursework.**

**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.**

### STUDENT ACCOUNTS USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Cost: \_\_\_\_\_

### REGISTRAR'S OFFICE USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the Registrar  
 2807 North Glebe Road  
 Arlington, VA 22207

Phone: (703) 284-1520  
 Fax: (703) 516-4505  
[registrar@marymount.edu](mailto:registrar@marymount.edu)



# CREDIT CARD PAYMENT FORM

## FOR SAME DAY PROCESSING TRANSCRIPT REQUESTS ONLY

**Payment Amount Authorized** (write the total dollar amount):

\$ \_\_\_\_\_ – Same-Day Processing (\$10.00 per copy)

\$ \_\_\_\_\_ – Next-Day Delivery (\$35 surcharge per delivery) – transcript fee included with the surcharge

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

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**Payment Information:**

Name on Card: \_\_\_\_\_

Billing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Type:  VISA  MasterCard  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit security code (back of the card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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