

FILE COPY REQUEST FORM

Students may request copies of the information in their Marymount University file at a cost of \$1 per page.

Requests will be completed within 3-5 buiness days for current students and 7-10 business days for alumni/former students due to storage facilty shipment time.

Date:							
First Nar	me:	Last Name:	Last Name:				
Former/	Maiden Name:	ID # or SSN: Email Address: Date of Attendance/Graduation Year:					
Date of	Birth:						
Telepho	ne Number:						
	f Documents Requested:						
DELIVER	RY METHOD:						
Email:	Attention	Email Address					
Fax:	Attention	Fax Number					
☐ Mail:	Attention						
	Address	Address					
	City	State	Zip Code	<u>.</u>			
☐ In-Pe	rson Pick-up. Students must bring with them a government issued	ID or MU ID card.					
above. B	ng this request, I authorize Marymount University to produc by choosing to have my certification faxed or emailed, I under release the Office of the Registrar from any and all liability.	erstand that confidentia					
Signatur	e:	Date:		For Offi	ce Use Only		
				Initials			
Pavisad 11	/21/19			Date			

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

Phone: (703) 284-1520 Fax: (703) 516-4505

registrar@marymount.edu



CREDIT CARD PAYMENT FORM

Payment Amount Auth	orized (For Office	Use Only – A staff membe	r will contact you to confirm the ar	nount):	
\$ Total co	ost for file copies	(\$1 per page)			
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 (b	ack of the card), it	using American Express th	nis is the 4 digit code on the front	of the card:	
Cardholder Signature:				_	

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