



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

Electronic transcripts (ex. email address) must be ordered through: <https://www.credentials-inc.com/CGI-BIN/dvcgntp.pgm?ALUMTRO003724>

Date of Request:			
STUDENT INFORMATION (*REQUIRED) – Please Print			
Student Name*			
Former/Maiden Name(s) used at MU			
Student ID (contains digits only) or SSN*			
Date of Birth*			
Current Address* (Address Line 1 & 2)			
(City, State, Zip code), Country (if outside US)			
Telephone Number*			
Email Address*			
Dates of Attendance		Current Student: <input type="checkbox"/>	Former Student: <input type="checkbox"/> From (sem/yr): _____ To (sem/yr): _____ Graduated (if applicable): <input type="checkbox"/>
SHIPPING INFORMATION (Choose One Option* – Please fill out a separate form for each option and each mailing address)			
In Person Pick Up (Photo ID Required)/ Mail (Please fill out a separate form for each mailing address.)			
<input type="checkbox"/>	Pick Up – Same-Day	No. of Copies* _____	(\$10/copy)
<input type="checkbox"/>	Regular Mail – Same-Day Processing	No. of Copies* _____	(\$10/copy)
<input type="checkbox"/>	Pick Up – 3-5** Business Days	No. of Copies* _____	(Free) Please email me when ready for pick up <input type="checkbox"/>
<input type="checkbox"/>	Regular Mail – 3-5** Business Days Processing	No. of Copies* _____	(Free)
<input type="checkbox"/>	Next-Day FedEx Delivery – US Addresses Only (No PO Boxes) – requests received after 12:30pm may be processed on the next business day \$10/copy + \$25 Express Service Fee (per address) No. of Copies* _____ [See example on page 2]		
NOTE: FedEx Requests to International Destinations (incl. Canada) must be requested through Credentials Solutions or incl. a prepaid air bill and all required custom forms. (https://www.credentials-inc.com/CGI-BIN/dvcgntp.pgm?ALUMTRO003724)			
MAIL TO ADDRESS – Please Print (Not Required if Using In Person Pick Up):		Mail to Name & Address Above <input type="checkbox"/>	
Recipient/Attention/Department (ex. John Smith/Admissions Office)			
School/Institution/Company (ex. Marymount University)			
Address Line 1 (ex. 2807 N. Glebe Rd)			
Address Line 2 (ex. Apt. 123/Suite 123)			
City, State, Zip code, (Country if outside US) (ex. Arlington, VA 22207)			
Special Instructions (Hold until degree, current term grades or Dean's List is posted)	Degree** (If graduating at end of current term) <input type="checkbox"/>	Current semester grades** Please process my request when the current semester grades are posted (Ex. if order is placed in Mar. 2018, we will process when Spring '18 grades are posted) <input type="checkbox"/>	Current semester Dean's List** <input type="checkbox"/>
STUDENT SIGNATURE (*REQUIRED)			
STUDENT SIGNATURE* (pen to paper signature; electronic signatures not accepted)			

Transcript includes all Marymount University coursework. Any outstanding obligations to Marymount University will delay the processing of your request.
**Allow up to 10 business days at the end of any term. Requests with "Hold until Degree is Posted" may require additional time.

STUDENT ACCOUNTS USE ONLY	OFFICE OF THE REGISTRAR USE ONLY
Processed by: _____ Date: _____ Cost: _____	Processed by: _____ Date: _____

CREDIT CARD PAYMENT FORM

FOR SAME-DAY/NEXT-DAY PROCESSING TRANSCRIPT REQUESTS ONLY

Payment Amount Authorized (write the total dollar amount):

\$ _____ – Same-Day Processing (\$10.00 per copy: Pick Up or Regular Mail) [Ex. 2 copies = \$20.00]

\$ _____ – Next-Day Delivery – US Addresses Only (\$10.00 per copy + \$25.00 Express Service Fee per address)
[Ex. 2 copies = \$45.00 (2x \$10 + \$25 to same address)]

Note: We are unable to ship to International (incl. Canada) addresses or US P.O. Boxes with Next-Day Delivery.
FedEx Requests to International Destinations (incl. Canada) must be requested through Credentials Solutions or incl. a prepaid air bill and all required custom forms. (<https://www.credentials-inc.com/CGI-BIN/dvcgitp.pgm?ALUMTRO003724>)

Payment Information:

Name on Card: _____

Billing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type: VISA MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____

3 digit security code (back of the card), if using American Express this is the 4 digit code on the front of the card: _____

Cardholder Signature: _____

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