

MARYMOUNT UNIVERSITY

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			
<input type="checkbox"/> No Fee for Regular Processing Service <input type="checkbox"/> \$7.00/copy Same Day Processing Service			
Student Information:			
Student Name			
Former/Maiden Name(s) used at MU			
Student ID or Social Security #			
Date of Birth			
Current Address			
Telephone Number			
Dates of Attendance	From:		To:
Year of Graduation			
Order Information:			
Date of Request		Number of Copies	
Mail To:			
	<input type="checkbox"/> 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	<input type="checkbox"/> Send When Degree is Posted	<input type="checkbox"/> Send When Current Semester Grades are Posted: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
STUDENT SIGNATURE	X		
For Office Use Only	<i>Request Processed By</i>		<i>Date Processed</i>

Transcript includes all Marymount University coursework

Do not mail cash

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

Please fill out a separate form for each mailing address

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 (\$7.00 per copy) <input type="checkbox"/> Next-Day Delivery Check this box if you authorize Marymount University to provide your credit card information to the delivery company. You will be charged directly by the delivery company. The charge amount depends on the company's fees. 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:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> 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 *