# TRANSCRIPT REQUEST FORM
# MARIST COLLEGE
# PLEASE PRINT CLEARLY

Student Name: _____ Date: _____

CWID _____-_____-_____ Date of Birth: _____

Previous/Maiden Name: _____ Day Phone #: _____

Complete Address: _____
Street Address City/State/Zip

**Number of Copies to be sent:** _____

Mail Transcripts to: **REQUESTER IS RESPONSIBLE FOR A CLEAR, COMPLETE AND ACCURATE ADDRESS**

School/Business or Name: _____

Office/Department: _____

Street Address: _____

City/State/Zip: _____

Attendance at Marist (complete all that apply):

Dates of Attendance: _____

_____ Currently Enrolled _____ Not Currently Enrolled

_____ Graduate _____ Undergraduate

_____ Graduation Date: _____

Hold Transcript For (check one):

_____ Do **NOT** hold, send transcript now

_____ Hold for current semester grades: Fall ____ Spring ____ Summer ____ Winter ____

_____ Hold for notation of degree: Month _____ Year _____ Degree _____

Student Signature: _____

**Requests cannot be processed:**

- **Without the student's handwritten signature**
- **Without clearance from Student Financial Services IF a financial hold exists on your record**

**Submit to:**

Registrar's Office
Marist College
3399 North Road
Poughkeepsie, NY 12601
Fax: (845) 575-3129
Email: registrar@marist.edu

Emailed Requests: This form must be filled out, include a handwritten signature and then be scanned an sent via email as an attachment**.**