

TRANSCRIPT REQUEST FORM



Unofficial Copy – No Charge

Today's Date _____

Mount Mercy ID Number _____

Name _____ Date of Birth _____

Other names (maiden, previous last name) _____

Dates attended Mount Mercy _____

Send transcript to: Name _____

Street _____

City _____ State _____ Zip _____

Send transcript: () **NOW** – Allow 2-3 working days, plus more time during enrollment periods and at end of term

() **HOLD** – For grades at end of term – allow 1 week from end of term

() **HOLD** – For degree / graduation date on transcript – allow 2 weeks after graduation date

Current Address _____

City _____ State _____ Zip _____

Phone Numbers: Home (_____) _____ Cell (_____) _____

STUDENT SIGNATURE _____