

# TRANSCRIPT REQUEST FORM



Official Copy – \$10.00

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** \_\_\_\_\_