



Registrar's Office - 2900 Purchase Street - Purchase, NY 10577

Phone: (914) 323-5337 Fax: (914) 323-5211 Completed forms can be scanned & emailed to: registrar@mville.edu

NOTE: Please Send ONE Request Only. Multiple Submissions Will Result In Duplicate Charges

Transcript Request

(\$8 Per Official Transcript Copy)

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Initial:
Name when enrolled (if different from above):		
Date of Birth:	Student ID:	
Street Address:		
City:	State:	Zip Code:
Phone: (home)	(cell)	Email:

NOTE: *Official and unofficial transcripts CANNOT be faxed or emailed*

ATTENDANCE INFORMATION	
Check all that apply: <input type="checkbox"/> I currently attend Manhattanville College <input type="checkbox"/> I attended Manhattanville prior to 1985 <input type="checkbox"/> I attended Manhattanville after 1985	
Dates of Attendance: Undergraduate: / / - / / Graduate: / / - / /	Check Degrees Earned: <input type="checkbox"/> Bachelor: Month/Year Earned: ____ / ____ <input type="checkbox"/> Master: Month/Year Earned: ____ / ____

Manhattanville students do not need to request transcripts when applying to Manhattanville Graduate Schools

TRANSCRIPT INFORMATION		
DELIVERY METHOD (check one): <input type="checkbox"/> I will pick up my transcript at the Manhattanville College Registrar's Office. (Photo ID must be presented when picking up transcript) <input type="checkbox"/> My transcript should be sent to the recipient and address listed below. (If sending multiple transcripts, please attach a list of all addresses.)	OPTIONS (check one): <input type="checkbox"/> Process Immediately <input type="checkbox"/> Hold until final grade submission. Semester: _____ <input type="checkbox"/> Hold until degree is awarded. Degree/Dated: _____ <input type="checkbox"/> Hold for grade change. Course/Term: _____	REASON FOR REQUEST (check one): <input type="checkbox"/> Job Interview <input type="checkbox"/> Scholarship <input type="checkbox"/> Internship Application <input type="checkbox"/> Study Abroad <input type="checkbox"/> Grad School Application <input type="checkbox"/> Transfer <input type="checkbox"/> Other: _____
_____ <small>Quantity</small> NUMBER OF REQUESTED TRANSCRIPTS	TRANSCRIPT SELECTION: <input type="checkbox"/> Official Transcript in sealed envelope with college seal (\$8 per copy) <input type="checkbox"/> Unofficial Copy (no fee)	

SEND TRANSCRIPT TO [Student is responsible for complete & accurate addresses. For additional mailings, attach a separate list]:

Recipient Name / Department / Office: _____

Company Name / School / Organization : _____

Street Address: _____

City, State, Zip Code: _____

STUDENT SIGNATURE

Transcripts will not be sent if financial obligations to the College have not been met. OFFICIAL Transcripts are placed in a sealed envelope. Breaking the envelope seal will render the transcript unofficial. Transcripts sent to students are stamped "Given to Student". The College is not responsible for lost transcripts once they leave our office. Transcripts from other colleges cannot be duplicated or released. Requests may take up to 7-10 days to be processed. All requests must be authorized by a student's signature.

SIGNATURE: _____

DATE: _____

PAYMENT INFORMATION

Payment Type (check one): <input type="checkbox"/> Cash <input type="checkbox"/> Check/Money Order (Check #: _____) <input type="checkbox"/> Credit Card	Amount Enclosed:
Credit Card Type (check one): <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex	Expiration Date:
Credit Card Number:	Security Code:
Authorized Signature:	Date: