REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

Marywood University
Lead On.

Office of the Registrar
2300 Adams Avenue
Scranton, PA 18509
Phone: (570) 348-6280
Fax: (570) 961-4758
E-mail: registrar@maryu.marywood.edu
Website: www.marywood.edu

Conditions and Costs Related to Transcript Requests:

- Student Academic Records are confidential and are governed by the Family Educational Rights and Privacy Act (FERPA). Transcripts are issued only at the authorized request of the student and require the student's signature.
- Official Transcripts bear a watermark of the University Seal and the signature of the University Registrar. Official transcripts given to the student are provided in a signed and sealed envelope.
- Unofficial Transcripts do not bear the signature of the University Registrar.
- No transcript will be furnished for any student whose financial indebtedness to Marywood University has not been satisfied.
- Transcript fee is $5.00 per copy for standard processing. Requests should be made in writing at least seven working days before the transcript is needed. Transcript fee is $15.00 per copy for 24 hour processing. If requested, charge for express mail is in addition to the transcript fee. Expedited handling may only be accommodated during non-peak periods and request must be received before noon for same day service.
- A receipt will be provided for payments made in cash.

Student Information

Last Name | First Name | Initial | Maiden/Former (if applicable)

Street Address | City | State | Postal Code

(_____)_____ (_____)_____ _____
Home Phone | Mobile Phone | Student Identification Number

Enrollment Status (select one) ☐ Current Student ☐ Former Student

Date of graduation from Marywood University (if applicable): _____

Were you enrolled at Marywood University prior to 1981? ☐ Yes ☐ No

Request Information (for additional requests, please use back of page)

Service Type ☐ Official Transcript # of copies _____ ☐ Unofficial Transcript # of copies _____

Special Instructions ☐ Hold for recording of semester grades ☐ Hold for recording of degree

Release Information ☐ Self/Pick-up ☐ Mail Transcript (provide information below)

Name/Attention To | Organization

Street Address | City | State | Postal Code

☐ I am unable to pick-up my transcript. I authorize you to release it to the following proxy:

Name of Proxy | Relation to Requestor

Payment Information

☐ Cash ☐ Money Order ☐ Check ☐ Credit Card (MasterCard, Visa, or Discover)

Cardholder Signature | 16-Digit Card Number | Expiration Date (MM/YY) | 3-Digit Security Code (from signature panel)

Student Signature

I authorize Marywood University to release a transcript of my academic record to all parties listed on this form.

Student Signature | Date

FOR OFFICE USE ONLY

Date Received	Initials	Date Mailed	Amount Received	Check # (If applicable)

Additional Request Information

Service Type ☐ Official Transcript # of copies _____ ☐ Unofficial Transcript # of copies _____

Special Instructions ☐ Hold for recording of semester grades ☐ Hold for recording of degree

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