

TRANSCRIPT REQUEST FORM

Please fill out this form to request official academic transcripts. You may request transcripts to be sent to an institution or to be picked up. Be advised that there is a \$10 fee for requesting official transcripts (approximately one week to send or give official transcripts). The subsequent request fee is \$15.00 per copy, and rush requests, meaning a request for receipt of an official transcript to be provided within less than three (3) days costs \$ 20.00 per copy.

First Name	Middl	e	_ Last name	
Years attended /Graduation	date:			
Student ID number or Socia	l Security Number:			
Student's current mailing ac	ldress:	Street		
City	State	Zip Code		Country
Current e-mail address:				
Indicate the program of stud	ly that you are requesting	transcripts from:		
Have you requested transc	eripts before? • Ye	es O No		
Is this a rush request?	\bigcirc_{Yes} \bigcirc_{No}			
Are you picking up your o	fficial transcripts?	Oyes O No	0	
If not, please provide the i	nformation below.			
Name of institution requesti	ng Official Transcripts: _			
Attention to:				
Mailing Address:				
		Street		
City	State	Zip Code		Country
Student's Signature		Date		
<u> -</u>				ainst the student, transcripts will not be

Paid seal and Bursar 's signature/

Orders will be shipped when payment has been received.

MAU official use

Transcripts Sent on: _____

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