

TRANSCRIPT REQUEST FORM

Signed requests may be submitted in person,
 faxed to 317.955.6575, or mailed to:
 Marian University, Office of the Registrar,
 3200 Cold Spring Road, Indianapolis, IN 46222

Marian College became Marian University on July 1, 2009.

PERSONAL INFORMATION

Name	Social Security Number
Current Address	Date of Birth
City/State/Zip Code	Telephone Number
Previous Names (provide ALL previous last names)	Approximate Dates of Attendance

SIGNATURE: _____ **DATE:** _____
 (Student Signature is **REQUIRED**)

REQUEST DETAILS

Type(s) of Transcript(s) Requested:

- Official & Sealed Transcript → # of Copies _____ Unofficial Transcript

OFFICIAL TRANSCRIPTS CAN ONLY BE RELEASED TO THOSE WHO HAVE SATISFIED ALL FINANCIAL OBLIGATIONS TO THE UNIVERSITY.

Processing Type:

Immediate Processing (\$15 immediate processing fee per copy)

- I will pick my transcript up today
 Fax my transcript today (unofficial transcripts only)

Normal Processing (typically 2-3 business days maximum*)

- I will pick my transcript up on _____ (\$5 fee per copy)
 Mail my transcript to the address(es) below (\$5 fee per copy)
 Fax my transcript to the fax number below (unofficial transcripts only; \$10 fee)

Delayed Processing (\$5 fee per copy)

- Mail my transcript to the address(es) below **AFTER my FINAL GRADES are recorded** for this term
 Mail my transcript to the address(es) below **AFTER my DEGREE is recorded**

Third Party Pick-Up (if applicable): _____
 I authorize the person named above to pick up my transcript(s) on my behalf.

* Processing time may be lengthened during periods of registration and grade recording.

ADDRESS FOR TRANSCRIPT #1	ADDRESS FOR TRANSCRIPT #2 (if applicable)
Organization or Name	Organization or Name
Address Line 1 (attn: to a particular office or person)	Address Line 1 (attn: to a particular office or person)
Address Line 2	Address Line 2
City/State/Zip Code	City/State/Zip Code
How many transcripts should be sent to this address? _____	How many transcripts should be sent to this address? _____

FAX INFORMATION (if requesting an unofficial transcript to be faxed)

Organization or Name	Fax Number
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METHOD OF PAYMENT

To pay transcript fees, you may include cash or check with your request or select the option to pay by credit card or checking/savings account online. Indicate payment method below:

- Cash Check/Money Order (written to Marian University)
 Online Pay - Credit Card or Checking/Savings (**provide e-mail address below**)
 An e-mail will be sent to you confirming the amount owed and containing a link to the website where you can pay by credit card or checking/savings account online. Your transcript(s) will be sent after we receive confirmation of your payment.

E-mail address: _____
 (required for online payment option - please PRINT clearly)

OFFICE USE ONLY

Fee Required _____
 Amount Paid _____
 Amount Due _____
 Processed _____
Online payment processing:
 Email sent: _____
 Payment confirmed: _____