

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

PERSONAL INFORMATION – This information will be used to locate your record.	
Current Name:	
Names while attending:	
Social Security #:	Date of Birth:
Address:	
City/State/Zip:	
Email:	Phone:
Are you a current student? YES or NO	If no, last year of attendance?
Signature:	Date:

REQUEST DETAILS
<p>E-transcripts (official or unofficial): Official and unofficial transcripts are available for purchase on our website, with credit card payment at https://www.marian.edu/current-students/registrar/transcripts .</p>
<p>Official Paper Transcript Options:</p> <p><input type="checkbox"/> Official Immediate/Take with you \$15 Number of Copies _____</p> <p><input type="checkbox"/> Official Pick-up \$10 (2-3 days processing) Number of Copies _____</p> <p><input type="checkbox"/> Official Mailed \$10 (2-3 days processing) Number of Copies _____</p> <p>Company/Name _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p>
<p>Unofficial Paper Transcript Options:</p> <p><input type="checkbox"/> Unofficial Immediate/Take with you \$3 Number of Copies _____</p> <p><input type="checkbox"/> Unofficial Mailed \$3 (2-3 days processing) Number of Copies _____</p> <p>Company/Name _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p>
<p>Third Party Pick-Up (if applicable, with photo ID at time of pick-up):</p> <p>_____</p> <p>I authorize the person named above to pick up my transcript(s) on my behalf.</p>

INTERNAL USE ONLY		
<p>Payment Type</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Check</p>	<p>Holds</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Business Hold – cleared by BO _____</p>	<p>Fee Required _____</p> <p>Amount Paid _____</p> <p>Processed initials/date _____</p>