



# TRANSCRIPT REQUEST FORM

(This is a fillable PDF form. Type your response in the boxes and then save or print)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mercy College Student ID # -or- SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

Day Phone: \_\_\_\_\_

Number of Copies: Official (free, max 5 per request): \_\_\_\_\_ Unofficial (\$5 each): \_\_\_\_\_

**Mail Transcript to:**

Name: \_\_\_\_\_

Office/Dept: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Please include ONLY \_\_\_\_ Graduate \_\_\_\_ Undergraduate level of classes with my request.  
(Please note that both levels will be included if not specified.)

**Attendance:**

\_\_\_\_ Currently Enrolled OR \_\_\_\_ Previously Enrolled

Dates of Attendance (mo./year): \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Graduation Date, if applicable (mo./year): \_\_\_\_/\_\_\_\_

**Hold Transcript Request (check one):**

\_\_\_\_ Do not hold request. Send transcript now.

\_\_\_\_ Hold until Grades are posted for (check):      FALL      WINTER      SPRING      SUMMER  
   SEMESTER      TRIMESTER      QUARTER

\_\_\_\_ Hold until Degree awarded: Month \_\_\_\_\_, Year \_\_\_\_\_, Degree Type \_\_\_\_\_

**\*\*\* PLEASE BE ADVISED THAT WE DO NOT PROVIDE OFFICIAL ELECTRONIC COPIES. \*\*\***

**Email to:** registrar@mercy.edu  
Subject: Transcript Request

**Fax to:** Registrar's Office  
914-674-7516

**Mail to:** Mercy College  
555 Broadway  
Dobbs Ferry, NY 10522  
Attn: Registrar-Transcripts

If you need transcripts sent to more than one location, please complete multiple forms. Do not write on the back of forms. Please allow 5-7 business days for processing.