



TRANSCRIPT REQUEST FORM

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

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 _____

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's Office

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.