

TRANSCRIPT REQUEST FORM

Gwynedd-Mercy College
Office of the Registrar
Gwynedd Valley, PA 19437-0901

Student's Name (Please Print Legibly)

Signature

The name and address of the office, firm, agency, institution or person to whom you wish your record sent (Please print legibly).

Name _____

Address _____

City/State _____ Zip _____

INSTRUCTIONS: Submit payment of the Transcript Fee (\$5.00 per copy) and this Request Form to the Office of the Registrar

_____ # Copies (*All transcripts are processed as Official copies*)

CHECK APPROPRIATE SPACE BELOW:

_____ Send Now _____ Send at End of Current Term

_____ Pick Up _____ Hold for Degree (*Degree posted on graduation date*)

Student's Home Phone # _____

SOC. SEC. # _____

Student's Address /PO Box #

City/State/Zip

Currently Registered? _____ Yes _____ No

If no, last year in attendance _____