

## 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 <b>ALL</b> 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: \_\_\_\_\_