



Marywood
UNIVERSITY

Lead On.

Office of the Registrar

2300 Adams Avenue
Scranton, PA 18509
Phone: (570) 348-6280
Fax: (570) 961-4758
E-mail: registrar@maryu.marywood.edu
Website: www.marywood.edu

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

Conditions and Costs Related to Transcript Requests:

- Student Academic Records are confidential and are governed by the Family Educational Rights and Privacy Act (FERPA). Transcripts are issued only at the authorized request of the student and require the student's signature.
- Official Transcripts bear a watermark of the University Seal and the signature of the University Registrar. Official transcripts given to the student are provided in a signed and sealed envelope.
- Unofficial Transcripts do not bear the signature of the University Registrar.
- No transcript will be furnished for any student whose financial indebtedness to Marywood University has not been satisfied.
- Transcript fee is **\$10.00 per copy for standard processing**. Requests should be made in writing at least seven working days before the transcript is needed. Transcript fee is **\$20.00 per copy for 24 hour processing**. If requested, charge for express mail is in addition to the transcript fee. Expedited handling may only be accommodated during non-peak periods and request must be received before noon for same day service.
- A receipt will be provided for payments made in cash.

Student Information

Last Name	First Name	Initial	Maiden/Former (if applicable)
Street Address	City	State	Postal Code
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Home Phone	Mobile Phone	Student Identification Number	

Enrollment Status (select one) Current Student Former Student

Date of graduation from Marywood University (if applicable): _____

Were you enrolled at Marywood University prior to 1981? Yes No

Request Information (for additional requests, please use back of page)

Service Type Official Transcript # of copies _____ Unofficial Transcript # of copies _____

Special Instructions Hold for recording of semester grades Hold for recording of degree

Release Information Self/Pick-up Mail Transcript (provide information below)

Name/Attention To _____ Organization _____

Street Address _____ City _____ State _____ Postal Code _____

I am unable to pick-up my transcript. I authorize you to release it to the following proxy:

Name of Proxy _____ Relationship to Requestor _____

Payment Information Cash Money Order Check Credit Card (MasterCard, Visa, or Discover)

Cardholder Signature _____ 16-Digit Card Number _____ Expiration Date (MM/YY) _____ 3-Digit Security Code (from signature panel) _____

Student Signature *I authorize Marywood University to release a transcript of my academic record to all parties listed on this form.*

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received	Initials	Date Mailed	Amount Received	Check # (If applicable)
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Additional Request Information

Service Type Official Transcript # of copies _____ Unofficial Transcript # of copies _____
Special Instructions Hold for recording of semester grades Hold for recording of degree
Release Information Self/Pick-up Mail Transcript (provide information below)

Name/Attention To _____ Organization _____

Street Address _____ City _____ State _____ Postal Code _____

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