

Transcript Request Form

To be completed by applicant and sent to Registrar's Office of each college(s)/university(s) attended.

Last name: _____ First name: _____ Middle: _____

Social Security #: _____ Sex: M ☐ F ☐ DOB (m/d/y): ____/____/____

Mailing address: _____ County: _____

City: _____ State: _____ Zip: _____

Enrollment History:

Undergraduate: From: ____/____/____ To: ____/____/____ Graduate: From: ____/____/____ To: ____/____/____

Student Signature: _____ Date: _____

To Registrar, please have an official (SEALED) copy of my academic transcript sent to:

**Office of Graduate & Adult Enrollment
Marist College
Poughkeepsie, NY 12601-1387**

Name of College/University: _____

☐ Currently Enrolled ☐ Not Enrolled ☐ Date Graduated: ____/____/____

* If you would also like your college to send Marist your MMR records, check here ☐

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