



Office of the Registrar
 Mount Aloysius College
 7373 Admiral Peary Hwy
 Cresson, PA 16630
 (814) 886-6400

Registrar@mtaloy.edu

TRANSCRIPT REQUEST

Check Box: *Official* *Unofficial*

Current name: _____ Student ID number: _____

Name at time of attendance: _____
 (If different than above)

Current address: _____

Phone number: _____ Social security number: XXX-XX-_____

Dates of attendance at MAC: From _____ to _____ Date of birth: _____
 (Month/Year) (Month/Year)

If you are a Mount Aloysius graduate, please indicate year of graduation. _____

Important! Please check if applicable: Hold until final grades posted.
 Hold until official degree posted.

PLEASE COMPLETE:

- I will pick up _____ (number of) transcripts of my academic record from this office.
- I want to have _____ (number of) transcripts mailed to myself at the above address.
- I want to have _____ (number of) transcripts mailed to third parties at the following addresses:
- I want it faxed to: _____

- | | |
|-------------------------------------|-------------------------------------|
| 1. _____

_____ | 2. _____

_____ |
|-------------------------------------|-------------------------------------|

Signature

Date

Official transcripts are \$10.00 per copy and payment may be submitted in the form of cash or check. There is no charge for an unofficial transcript. Allow three business days for processing.

Registrar's Office:
Date received _____ *Date released* _____ *Amount received* _____ *Initials* _____