



MEDAILLE COLLEGE

OFFICE OF THE REGISTRAR
18 Agassiz Circle
Buffalo, New York 14214
Phone: (800) 292-1582
Fax: (716) 880-2535

TRANSCRIPT REQUEST FORM

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ SOCIAL SECURITY/INSURANCE NUMBER _____

ARE YOU CURRENTLY ATTENDING MEDAILLE? YES NO

NAME(S) USED WHILE ATTENDING MEDAILLE
IF DIFFERENT THAN ABOVE _____

APPROXIMATE DATE OF LAST SEMESTER AND YEAR IN ATTENDANCE AT MEDAILLE: (PLEASE CHECK)

SPRING SUMMER FALL YEAR _____ CURRENTLY ENROLLED

TRANSCRIPTS: UNDERGRADUATE GRADUATE BOTH ~ *SINGLE FEE - \$5*

ADDRESS OF WHERE TRANSCRIPTS ARE TO BE SENT: (BE SPECIFIC) _____

THIS FORM *MUST* BE MAILED OR FAXED. IN COMPLIANCE WITH F.E.R.P.A., DO NOT EMAIL THIS FORM TO THE REGISTRAR'S OFFICE.

THE FEE FOR BOTH "OFFICIAL" AND "UNOFFICIAL" TRANSCRIPTS IS \$5.00 PER REQUEST. YOUR FIRST REQUEST IS FREE OF CHARGE.

PLEASE ALLOW AT LEAST 3 WORKING DAYS FOR REQUEST TO BE PROCESSED, LONGER IF DURING REGISTRATION PERIODS. ALL REQUESTS ARE PROCESSED IN THE ORDER THEY ARE RECEIVED.

STUDENT SIGNATURE

FEE PAID: CASH CHECK MONEY ORDER FIRST REQUEST

Name as Printed on Card: _____ Expiration Date: ____/____/____

Accepted Credit Cards:
*Visa, Discover, MasterCard,
American Express*

Credit Card Numbers: (16 Digits, except for American Express): _____ - _____ - _____ - _____

Signature: _____

▽ OFFICE USE ONLY ▽

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DATE SENT: ____/____/____

ON HOLD AS OF: ____/____/____