



# MEDAILLE COLLEGE

## Transcript Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Province ZIP/Postal Code

E-Mail Address: \_\_\_\_\_

Banner ID or SSN: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

NAME USED WHILE ATTENDING MEDAILLE: \_\_\_\_\_  
(If different than above)

Approximate Last Semester and Last Year of Attendance at Medaille: Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
(Fall, Spring, Summer)

Type of Transcript Requested & Number of Copies: \_\_\_\_\_ Official \_\_\_\_\_ Unofficial

### Please Provide Where the Information Should Be Sent:

Please Circle all that Apply: Pick-up Mail Fax

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### For Fax (unofficial copies only):

Company Name: \_\_\_\_\_

Person or Department's Attention: \_\_\_\_\_

Company's Fax Number: ( ) \_\_\_\_\_ Company's Phone Number: ( ) \_\_\_\_\_

Student's Signature Authorizing Release of Transcript: \_\_\_\_\_

### Processing Methods:

\_\_\_\_\_ Regular Processing (2-3 Business Days): Cost = \$5

\_\_\_\_\_ Rush Processing (24 Hour Turn Around): Cost = \$20

\_\_\_\_\_ Overnight Expedited Delivery: Cost = \$45

### Payment Options:

\_\_\_\_\_ Cash

\_\_\_\_\_ Check / Money Order

\_\_\_\_\_ Credit Card

\_\_\_\_\_ First Request

**\*\*\* Cost is per copy requested whether it is Official or Unofficial\*\*\***

### Credit Card Payment Information:

Name as it Appears on the Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number (16 digits except for American Express): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_