



MERCYHURST UNIVERSITY

TRANSCRIPT REQUEST FORM

Please **mail** this form to:
Registrar's Office, Mercyhurst University,
501 East 38th Street, Erie, PA 16546
OR Fax to: 814-824-2172

<p>Mercyhurst ID or SSN: _____</p> <p>Student Name: _____</p> <p>Former Name(s) (if applicable): _____</p> <p>Daytime Phone Number (required): _____</p> <p>Current Mailing Address: _____ _____ _____</p> <p>Mail <u>Official</u> Transcript To: _____ _____ _____</p> <p>Mail <u>Student Copy</u> Transcript To: _____ _____ _____</p> <p>STUDENT'S SIGNATURE (Required): _____</p> <p>DATE: _____</p>	<p>Enrollment</p> <p><input type="checkbox"/> Currently Enrolled</p> <p><input type="checkbox"/> Not Enrolled – Please enter the last term and year at Mercyhurst: _____</p> <p><input type="checkbox"/> Former Alliance College Student</p> <p>Type of Transcript Required</p> <p><input checked="" type="checkbox"/> <u>Qty.</u></p> <p><input type="checkbox"/> _____ Official Copy (\$5.00 each) * <u>Cash, Check, Money Order</u> <u>Payable to "Mercyhurst University"</u></p> <p><input type="checkbox"/> _____ Student Copy (no charge)</p> <p>Please select one of the following options:</p> <p><input type="checkbox"/> Undergraduate</p> <p><input type="checkbox"/> Master's Program</p> <p><input type="checkbox"/> Both (\$5.00/each)</p> <p>Mailing Instruction</p> <p><input type="checkbox"/> Send immediately</p> <p><input type="checkbox"/> Send at the end of current term</p> <p><input type="checkbox"/> Send when graduation is posted</p>
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For Registrar's Office Use Only: Please DO NOT Write Below

Amount Paid \$ _____	Cash _____	Check _____	Money Order _____
Date Mailed _____	Date Faxed: _____	Processed by _____	