



# MERCYHURST UNIVERSITY

## TRANSCRIPT REQUEST FORM

Please **email** this form to:  
transcript@mercyhurst.edu

**Mercyhurst ID or SSN:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Former Name(s) (if applicable):**  
\_\_\_\_\_

**Daytime Phone Number (required):**  
\_\_\_\_\_

**Current Mailing Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail Transcript To:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email Transcript To:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT'S SIGNATURE** (Required):  
\_\_\_\_\_

**DATE:**  
\_\_\_\_\_

### Enrollment

- ☐ Currently Enrolled
- ☐ Not Enrolled – Please enter the last term and year at Mercyhurst:  
\_\_\_\_\_

### Type of Transcript Required

Quantity

Student Copy (no charge)

**Please select one of the following options:**

- ☐ Undergraduate
- ☐ Master's Program
- ☐ Both

### Mailing Instruction

- ☐ Send immediately
- ☐ Send at the end of current term
- ☐ Send when graduation is posted

**For Registrar's Office Use Only: Please DO NOT Write Below**

Date Mailed \_\_\_\_\_ Date Emailed: \_\_\_\_\_ Processed by: \_\_\_\_\_