MILLERSVILLE
UNIVERSITY

PO BOX 1002, Millersville PA 17551-0302

A Member of Pennsylvania's State System of Higher Education

Registrar's Office
Phone: (717) 872-3035
FAX: (717) 872-3016

TRANSCRIPT REQUEST FORM
TO BE MAILED

PLEASE PRINT ALL REQUESTED INFORMATION

Name *(Last, First, MI)* _____

Student ID *(or SSN)* _____

Maiden or other name(s) under which records may exist _____

Daytime Phone # _____

Currently enrolled at MU?

___Yes ___No, If no, date last attended: _____

Did you graduate from MU?

___No ___Yes. If yes, date: _____

MAIL TRANSCRIPTS:

___Immediately *OR*

___ After posting grades for: (check one)
___Fall ___Winter ___Spring
___First Summer ___Second Summer ___Third Summer

___ After posting degree: (check one)
___Fall ___Winter ___Spring
___First-Summer ___Second Summer ___Third Summer

Mail___ copy(ies) to:

__***Special Request (in signed, sealed envelope)***

Address 1

_____
_____
_____
_____

Mail___ copy(ies) to:

__***Special Request (in signed, sealed envelope)***

Address 2

_____
_____
_____
_____

THERE IS NO TRANSCRIPT FEE.

PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING.

_____ _____

Signature *(required)* **Date**