



Office of the Registrar
7373 Admiral Peary Highway
Cresson, PA 16630-1990

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e-mail: registrar@mtaloy.edu
Office (814) 886-6400
(814) 886-6343
(814) 886-6337
Fax (814) 886-2750

TRANSCRIPT REQUEST

Current name: _____ Student ID number: _____

Name at time of attendance: _____

Current address: _____

Phone number: _____ Social security number: _____

Dates of attendance at MAC: From _____ to _____ Date of birth: _____
(Month/Year) (Month/Year)

Important! Please check if applicable: _____ I wish this order to be delayed until final grades for the current term are entered.
_____ I wish this order to be delayed until my degree is entered on my transcript.

PLEASE COMPLETE:

- _____ I will pick up _____ (number of) transcripts of my academic record from this office.
- _____ I want to have _____ (number of) transcripts mailed to myself at the above address.
- _____ I want to have _____ (number of) transcripts mailed to third parties at the following addresses:

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ |
| 3. _____

_____ | 4. _____

_____ |

(List additional recipients on back of this form)

Signature Date

Office Use Only: Date received _____ Date released _____ Amount received _____ Initials _____

Requests may be mailed or faxed. Transcripts are \$5.00 per copy. Make checks payable to Mount Aloysius College or complete credit card information below. If mailing request, include check or complete credit card information with request. If faxing request, send check to the Registrar's Office and include a copy of this request with payment or if paying by credit card, complete credit card information below. Transcripts will not be processed until payment is received. Allow five business days for processing.

Type of Credit Card (Check one): ___ Master Card ___ VISA ___ Discover ___ American Express
Card Number: _____ Expiration Date: _____
Name on Credit Card: _____

Form revised 5/7/09