

Transcript Request

Return to:
Mercyhurst College
Registrar's Office
501 E 38th Street
Erie, PA 16546
Fax: (814) 824-2172

<p>Student Name: _____ Mercyhurst ID or SSN: _____ DayTime Phone #: _____ Dates of Attendance: _____ Former Name(s) (if applicable): _____ _____ Current Address: _____ _____ _____ _____ Mail Transcript To: _____ _____ _____ _____</p>	<p>Transcript to be Processed:</p> <p><input type="checkbox"/> Immediately <input type="checkbox"/> At end of current term <input type="checkbox"/> When graduation is posted</p> <p>Transcript Requested:</p> <p><input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Both</p> <p>Number of copies required:</p> <p>___ Official Copy (\$4.00) ___ Student Copy (no charge)</p> <p>N.B.:</p> <p>Please make check/money order payable to Mercyhurst College. The College does not accept credit card payment.</p>
<p>Student Signature: _____</p>	<p>Date: _____</p>

<p>For Official Use Only: Fee Paid \$ _____ No Fee _____ Date Mailed _____ Transcript Clerk _____</p>
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