



TRANSCRIPT RELEASE FORM

Date _____

To: Name of High School(s) _____

PLEASE SEND AN OFFICIAL COPY OF MY TRANSCRIPT TO:

**Office of Admissions
MARIAN COURT COLLEGE
35 Little's Point Road
Swampscott, MA 01907**

Student's Name _____

Other Names Used _____

Address _____

City/State/Zip _____

Telephone # _____

Date of Birth _____ Social Security # _____

Year of High School Graduation _____

Years Attended _____

Name (Signature) _____