

Marian Court College

Transcript Request Form

35 Little's Point Road . Swampscott, MA 01907-2840

Phone (781) 595-6768 / Fax (781) 592-6174

Current Full Name (Please print) _____

Last Name While Attending Marian Court _____

Student ID or Social Security # _____ - _____ - _____ Division Attended ____ Day ____ Eve

Dates of Attendance From _____ To _____ Graduated ____ Withdrawn ____

Current Address _____

Telephone _____ E-Mail Address _____

All official transcripts will be sealed in an envelope with the Registrar's signature across the seal. Mail transcript to: (Please supply complete address)

I authorize Marian Court College to send a copy of my academic transcript to the address specified above.

Signature

Date

Each transcript is \$2.00 Total transcripts requested _____ x \$2.00 = _____ Total due.

Mail this form and payment to:

Registrar's Office

Marian Court College

35 Little's Point Road

Swampscott, MA 01907

The transcript will be sent within 5 business days after receipt of the request and fee.

We do NOT fax transcripts.

Transcripts will not be processed for students with financial or other unmet obligations to the College.