

# Mercy College Transcript Request Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

SS # or Mercy College Student ID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Copies to be sent: Official: \_\_\_\_\_ Student Copy: \_\_\_\_\_

\*Please note if you would like your Official transcript mailed to you, school policy requires that you tell us the final destination of the transcript. (i.e. another school, NYS Board of Education, etc) We cannot mail an official copy home to you unless we know the final destination. Please write the name of the final destination below.

## **FINAL DESTINATION:**

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### **Mail Transcript To:**

Name: \_\_\_\_\_  
Office/Dept.: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### **Attendance (check one):**

\_\_\_\_\_ Currently Enrolled  
\_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate  
\_\_\_\_\_ Graduation Date: \_\_\_\_\_  
\_\_\_\_\_ Not Currently Enrolled:  
Dates of Attendance: \_\_\_\_\_

### **Hold Transcript For (check one):**

\_\_\_\_\_ No. Send transcript now.  
\_\_\_\_\_ Hold for current semester grades  
\_\_\_\_\_ Hold for notation of degree. Month \_\_\_\_\_, Year \_\_\_\_\_, Degree \_\_\_\_\_

**Fax to:**  
Registrar's Office  
914-674-7516

**Mail to:**  
Mercy College  
555 Broadway  
Dobbs Ferry, NY 10522  
Attn: Registrar\Transcripts