

Manhattan College
4513 Manhattan College Parkway
Riverdale, NY 10471-4099
Tel: (718) 862-7914
Fax: (718) 862-7457

Registrar's Office
Transcript Request Form

This form cannot be submitted electronically. Please print form; fill out required information, sign and mail to the address listed below.

Date Requested: _____	ID#: _____
Name: _____	D/O/B: _____
Last Maiden First Middle Initial	
Telephone: _____	_____
Home#	Work#
Address: _____	_____
(Permanent Address: Your address will be updated)	City State Zip
Status: ____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Grad ____ Non-Mat	
College: ____ Arts ____ Business ____ Education ____ Engineering ____ Science ____ Graduate ____ ADCP	
Or	
Degree(s), if any, earned: _____	
Approximate Dates of Attendance: _____	
_____ # of Official Copy	_____ # of Unofficial Copy (Student Copy)
Send To: _____	_____
_____	_____
_____	_____
_____	_____
*Requestor's Signature: _____	*(Required for Processing)

Please write on the back of this form any additional addresses where you would like transcripts to be sent.

Payment: \$5.00 per copy

Check Enclosed

Credit Card: ____ Discover ____ MasterCard ____ Visa ____ American Express

Card Number: _____ Expiration Date: _____

Name as it appears on Credit Card: _____

Mail Completed Form & Payment To: Manhattan College Registrar's Office Or Fax To: (718) 862-7457
4513 Manhattan College Parkway
Riverdale, NY 10471

Attention: Transcript Request

Disclaimer: The College reserves the right to withhold, deny, or cancel any transcript requests, due to financial holds, tuition and fees due for any course, program of study or degree, at any time, or for any other reason.