**MARIETTA COLLEGE**
Records Office
215 Fifth Street
Marietta, OH 45750
Phone – (740) 376-4723
FAX - (740) 376-4729

**TRANSCRIPT REQUEST**
_____ Send Now
_____ Send after grades posted
_____Send after degree posted

Amount Enclosed (please see rate schedule below): _____

If paying by check – Check Number _____

If paying by credit or debit card, please provide the following information:

☐ Visa ☐ MasterCard ☐ Discover

Account Number _____

CVV Number _____ Expiration Date _____

Cardholder name: _____

Cardholder address: _____

Cardholder daytime phone: _____

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Student Name: _____
Last Former/Maiden First Middle

Year Last Attended: _____ Daytime Phone: _____

Social Security or MC ID #: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Send To – Please Print or Type Clearly.
***Overnight/Saturday/Second-day/International Deliveries cannot be sent to P.O. Box***
Include fax number for unofficial transcript requests only. Please complete a separate form for each address.

_____
_____
_____
_____
_____

Official transcripts will not be released if the student's financial obligations to the college have not been satisfied. Transcripts released to students will be stamped "Issued to Student" and placed in a sealed envelope bearing the Registrar's signature across the seal. Please check service(s) requested and note applicable fees.

_____ Unofficial transcript – No Charge (may be faxed)
_____Official Transcripts - $5.00 per transcript (Processing 3-5 business days upon receipt)
_____Expedited Transcript –$10.00 per transcript (Processed within one business day-sent standard mail)
_____*Overnight Delivery – $10.00 per transcript + $20.00 additional shipping fee per address
_____*Overnight/Saturday Delivery - $10.00 per transcript + $25.00 additional shipping fee per address
_____ *Second-day Delivery - $10.00 per transcript + $15.00 additional shipping fee per address
_____ International Delivery, other than first-class mail Call for rates

Signature _____ Date _____

*The Family Educational Rights and Privacy Act requires the consent of the student to release academic records.*

**For Office Use Only: Date Sent: _____ Initials: _____**