

MARIETTA COLLEGE

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



**UNOFFICIAL TRANSCRIPT
REQUEST**

Student Name: _____

 Last Former/Maiden First Middle

Year Last Attended: _____ Daytime Phone: _____

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

Current Street Address: _____

City, State, Zip Code: _____

Send To - Please Print or Type Clearly.

Fax Number: _____

Email Address: _____

Mailing Address:

Student Signature: _____

Date: _____

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

Failure to complete the form in its entirety may result in delays in processing.

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